



1133 "P" STREET
 FIREBAUGH, CALIFORNIA 93622-2547
 (559) 659-2043
 FAX (559) 659-3412

FACILITIES RENTAL AGREEMENT A.F. COMMUNITY BUILDING

In order to pursue with your request, it is important that you read and fill out this form completely.
 Failure to do so may result in a delay on your request.

NAME OF APPLICANT (nombre):		ADDRESS (dirección):	
HOME PHONE (teléfono):	WORK PHONE (trabajo):	RENTAL PURPOSE? (actividad):	
DATE OF RENTAL (fecha):		HOURS THAT FACILITY WILL BE RENTED? (horas de renta): From: <input type="checkbox"/> am / <input type="checkbox"/> pm To: <input type="checkbox"/> am / <input type="checkbox"/> pm	
HOW MANY PEOPLE WILL BE ATTENDING? (cantidad de gente):		PERSON IN CHARGE, INCLUDE TELEPHONE:	
WILL ALCOHOL BE SERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TIMES THAT ALCOHOL WILL BE SERVED (horas de alcohol): <input type="checkbox"/> N/A	
IS AN "ABC" LICENSE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		From: <input type="checkbox"/> am / <input type="checkbox"/> pm To: <input type="checkbox"/> am / <input type="checkbox"/> pm	

NUMBER OF OFFICERS TO BE DETERMINED BY POLICE DEPARTMENT (\$32.60 PER HOUR/PER OFFICER)

- | | | |
|---|--|--|
| <input type="checkbox"/> \$800.00 Daily | <input type="checkbox"/> \$500.00 Non-Profit | <input type="checkbox"/> \$350.00 Local Non-Profit |
| <input type="checkbox"/> \$125.00 Hourly | <input type="checkbox"/> \$80.00 Non-Profit Hourly | <input type="checkbox"/> \$40.00 Local Non-Profit Hourly |
| <input type="checkbox"/> \$100.00 Chair Rentals | <input type="checkbox"/> \$100.00 Table Rentals | |

- a. WILL YOU USE A P.A. SYSTEM? YES NO
- b. WILL YOU HAVE MUSIC? YES NO ----->IF YES, CONTINUE TO SECTION "C"
- c. SPECIFY TYPE OF MUSIC: DISC JOCKEY (DJ) LIVE BAND HOME STEREO OR PORTABLE STEREO

Applicant agrees and understands that the City is not an insurer and that the insurance concerning personal injury (including death,) and real or personal property loss or damage in, about or on the premises shall be obtained by the applicant. That the amounts charged by the City are not sufficient to warrant or guarantee that no loss, damage, claim or liability will occur or that increased loss, damage, claims or liability will not occur. Applicant does hereby for him/her/itself and all parties claiming under him/her/it release and discharge the City of Firebaugh from and against all said losses, damages, claims or liability.

- Agreed upon Rental and deposits Fee as listed above in accordance with Regulations.
- Due to insurance requirements. NO City Employee will be allowed to donate time to supervise Activities.
- Staff will inspect facilities and deposits will be returned with the next scheduled Bills Payable approval (30-45 days.)
- \$1,000,000 Insurance Required for City Facilities. The certificate of insurance must be accompanied by the additional insured and/or waiver of subrogation endorsements The Additional Insured should read: "The City of Firebaugh, its officers, officials, employees, agents and volunteers."**
- Smoking is NOT permitted inside any City of Firebaugh building.
- Cancellation: Renter shall notify City no later than thirty (30) days before its scheduled use of the A/F Hall, of its intent to cancel such use, except as provided herein. If RENTER fails to provide such notice, City shall retain RENTER'S fee for use of the A/F Hall. City shall return RENTER'S deposit for use of the A/F Hall in the event of cancellation. **Please initial _____**
- All activities must shut down one half (1/2) hour early, as per the time listed above in hours of rental. **Please initial _____**

FAC01	APPLICATION PROCESSING FEE NON REFUNDABLE	\$	\$ 25.00
FAC03	CLEANING DEPOSIT - REFUNDABLE	\$	\$150.00
RMA01	INSURANCE (\$128.04)	\$	
FAC01	RENTAL FEE TABLE/CHAIRS (200.00)	\$	
FAC01	RENTAL FEE IS NON REFUNDABLE	\$	
PD002 5% / PD003	SECURITY REQUIRED _____ X \$32.60 per hour	\$	
	TOTAL DUE:	\$	
	TOTAL PAID:	\$	

APPLICANT'S SIGNATURE: _____ DATE: _____