



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 IS AN "ABC" LICENSE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TIMES THAT ALCOHOL WILL BE SERVED (horas de alcohol): <input type="checkbox"/> N/A From: <input type="checkbox"/> am / <input type="checkbox"/> pm To: <input type="checkbox"/> am / <input type="checkbox"/> pm	
<b>NUMBER OF OFFICERS TO BE DETERMINED BY POLICE DEPARTMENT (\$32.60 PER HOUR/PER OFFICER)</b>			

- \$800.00 Daily  \$125.00 Hourly  \$500.00 Non-Profit  \$350.00 Local Non-Profit  
 \$80.00 Non-Profit Hourly  \$40.00 Local Non-Profit Hourly  \$100.00 Chair Rentals  \$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** \_\_\_\_\_
- Bounce Houses:** Vendors providing inflatable bounce houses must carry their own General Liability Insurance and name The City of Firebaugh (as shown on #4) and the event holder as additional insureds on the policy. NO other inflatables are allowed.
- All activities must shut down one half (1/2) hour early, as per the time listed above in hours of rental. **Please initial** \_\_\_\_\_

<b>FAC01</b>	APPLICATION PROCESSING FEE NON REFUNDABLE	\$ 25.00
<b>FAC03</b>	CLEANING DEPOSIT – REFUNDABLE	\$ 150.00
FAC01	RENTAL FEE IS NON REFUNDABLE	\$ _____
<b>FAC01</b>	RENTAL FEE TABLE/CHAIRS (200.00)	\$ _____
<b>RMA01</b>	INSURANCE WITHOUT ALCOHOL (\$128.04)	\$ _____
<b>RMA01</b>	INSURANCE WITH ALCOHOL (\$148.68)	\$ _____
<b>PD002 5% / PD003</b>	SECURITY REQUIRED _____ X \$32.60 per hour	\$ _____
	TOTAL DUE:	\$ _____
	TOTAL PAID:	\$ _____

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_