



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

FACILITIES RENTAL AGREEMENT A.F. COMMUNITY BUILDING

**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):	
PHONE (teléfono):	Text Notifications <input type="checkbox"/>	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	
Email (correo electronico):			
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) From: <input type="checkbox"/> am / <input type="checkbox"/> pm To: <input type="checkbox"/> am / <input type="checkbox"/> pm	

- | | |
|--|--|
| <input type="checkbox"/> \$800.00 Daily | <input type="checkbox"/> \$125.00 Hourly |
| <input type="checkbox"/> \$550.00 Non-Profit Daily | <input type="checkbox"/> \$80.00 Non-Profit Hourly |
| <input type="checkbox"/> \$350.00 Local Non-Profit Daily | <input type="checkbox"/> \$40.00 Local Non-Profit Hourly |
| <input type="checkbox"/> \$200.00 Chair / Tables | |

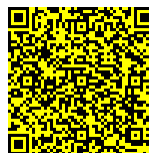
TYPE OF MUSIC: DISC JOCKEY (DJ) LIVE BAND

FAC01	APPLICATION PROCESSING FEE NON REFUNDABLE	\$ <u>25.00</u>
FAC03	CLEANING DEPOSIT – REFUNDABLE	\$ <u>300.00</u>
FAC01	RENTAL FEE NON REFUNDABLE	\$ _____
FAC01	RENTAL FEE TABLE/CHAIRS	\$ _____
PD002 5%/PD003	Security (officers) _____ x (hours) _____ x \$32.60 per hour/per officer NUMBER OF OFFICERS TO BE DETERMINED BY POLICE DEPARTMENT	\$ _____

TOTAL DUE: \$ _____

A.F Hall Rules and Regulations

1. Undersigned applicant agrees and understands the City is not an insurer and 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. 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.
2. Agreed upon Rental and deposits Fee as listed on page 1 in accordance with Regulations.
3. Due to insurance requirements NO City Employee will be allowed to donate time to supervise Activities.q
4. Staff will inspect facilities and deposits will be returned with the next scheduled Bills Payable approval (30-45 days.)
5. SMOKING is **NOT** permitted inside any City of Firebaugh building.
6. 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. **Initial** [redacted]
7. **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 insured on the policy. NO other inflatables are allowed. **Initial** [redacted]
8. Key is to be picked up at City Hall the day of your Walk Through. Walk Through Hours are from 2pm-3pm a day prior to your rental. **Initial** [redacted]
9. All activities must shut down one half (1/2) hour early, as per the time listed above in hours of rental. **Initial** [redacted]
10. **\$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 must read: "The City of Firebaugh, its officers, officials, employees, agents and volunteers."**
11. Undersigned applicant agrees and understands insurance needs to be purchased by a third party in order to host event. **Initial** [redacted]
 - Preferred insurance can be found on our website Firebaugh.org under Online Forms -*Special Event Insurance E-Quote*
 - Or scan QR Code for direct access:



APPLICANT’S SIGNATURE: _____ DATE: _____