CITY OF FIREBAUGH



FRESNO COUNTY, CALIFORNIA

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

FACILITIES RENTAL AGREEMENT V.F.W. HALL 1300 "O" STREET FIREBAUGH CA 93622

It is important that you read and fill out this form completely

	Failure to do so m	ay result in a delay on	your request.		
NAME OF APPLICANT (nomb	pre):	ADDRESS	(dirección):		
PHONE (teléfono):	Text Notifications:		RENTAL PURPOSE? (actividad):):
DATE OF RENTAL (fecha):		HOURS THA	T FACILITY WILL	BE RENTED?	(horas de renta):
		From:	am/ pm	To:	am / pm
Email (correo electronico):					
HOW MANY PEOPLE WILL I (cantidad de gente):	BE ATTENDING?	PERSON IN CHAI	RGE, INCLUDE TEI	LEPHONE:	
WILL ALCOHOL BE SERVE	O? YES NO	TIMES THAT	Γ ALCOHOL WILL	BE SERVED (horas de alcohol)
IS AN "ABC" LICENSE REQU	JIRED? YES NO	From:	am/ pm	То:	am / pm
\$1000.00 Facili \$500.00 Non-Pr		\$1000.	0 Funeral/Memoria 00 Funeral/ Memoria		
VFW01	APPLICATION PROCESSING FEE NON-REFUNDABLE \$25.00				
VFW02	RENTAL FEE NON-REFUNDABLE (tables & chairs included)			\$	
VFW03	NON-PROFIT			\$	
VFW04	FUNERAL/MEMORIAL RENTAL FEE			\$	
VFW05	CLEANING DEPOSIT- REFUNDABLE			\$300.00	
	07 Security (officers)x			er \$	
N	IUMBER OF OFFICERS TO BE	DETERMINED BY PO		III. A	
			TOTAL D	UE: \$	

V.F.W. 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. Applicants do 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.
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 V.F.W 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 V.F.W Hall. Initial
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
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
9.	All activities must be shut down one half (1/2) hour earlier, as per the time listed above in hours of rental. Initial
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.	The undersigned applicant agrees and understands insurance needs to be purchased by a third party in order to host the event. Initial
	• Preferred insurance can be found on our website firebaugh.org under Online Forms -Special Event Insurance E-Quote

APPLICANT'S SIGNATURE: _____DATE: _____



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REQUEST FOR POLICE SERVICE

Name	Phone#					
Address	City/St/Zip					
Email Address:						
	•	Time of Dance				
☐ A/F Hall ☐ VFW☐Rodeo Grounds	☐ A/F Hall ☐ VFW ☐ Rodeo Grounds Event Type: ☐ Wedding ☐ Quinceanera ☐ Other					
Invitation only-Yes No (Oper	Invitation only-Yes No (Open to Public) How many people attending					
If applicable, Organization holding the	he event					
Will alcohol be provided? Yes	Noif se	lling- Please provide copy of ABC license				
Who will be selling or serving alcohol?						
Name of person liable for damages/eme	ergency response					
The above information is true to the be	•					
, ,		ed, you are responsible for notifying us				
30 days in advance in order to receive a refund.						
Signature		Date				
	For Office Use Only					
Approved By:		Police Hourly Rate: <u>\$32.60</u>				
Number of Officers:		Total Police hours:				
Hours of service:		Total Price:				
Emailed to:	Date:	Name:				

V.F.W. HALL PAYMENT CHECK LIST

COPY OF PURCHASED INSURANCE NEEDS TO BE PROVIDED

VFW01 APPLICATION PROCESSING FEE NONREFUNDABLE	\$25.00	
VFW02 RENTAL FEE NON-REFUNDABLE	\$1000.00	
VFW03 NON-PROFIT	\$500.00	
VFW04 FUNERAL/ MEMORIAL M-TH	\$500.00	
VFW05 CLEANING DEPOSIT	\$300.00	
VFW06 (5%)/VFW07 POLICE/SECURITY	\$326.00	

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