

City of Merced Parks and Community Services

690 W 16th Street

Merced, CA 95340

(209) 385-6855 fax (209) 726-5327

*On Call (209) 564-9103

For Rental Problems

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Applicant's Name: <u>Francisco Varela</u>	Address: [REDACTED]	City: <u>Merced</u>	Zip Code: <u>95340</u>
Name of Organization: <u>Friends of Sobor End Nite</u>	Day Phone (Area Code): [REDACTED]	Evening Phone (Area Code): [REDACTED]	
Room to be reserved - Please Circle: <div style="display: flex; justify-content: space-around;"> Sam Pipes Conference Room <u>Merced Community Senior Center</u> </div>			
Nature of Event: <u>Family Fun Night</u>	Event Date: <u>3/30/18</u>	Time: <u>6:00 AM/PM</u> <u>8:30 AM/PM</u>	Estimated Attendance Adults <u>50</u> Minors <u>50</u> Total <u>100</u>
Public Event? <u>Yes</u> No	Equipment Requirements: (*Does not apply to Sam Pipes room rental)		
Event used to raise money? Yes <u>No</u>	<input checked="" type="checkbox"/> Chairs - Theatre Style* <input checked="" type="checkbox"/> Chairs and Tables - Classroom Style* <input type="checkbox"/> Chairs and Tables - Banquet Style with Dance Floor* <input checked="" type="checkbox"/> Stage* <input checked="" type="checkbox"/> Kitchen Facilities* <input type="checkbox"/> Portable Coffee Maker(s)* <input type="checkbox"/> P.A. System <input type="checkbox"/> U.S. Flag <input type="checkbox"/> California Flag Other _____ _____ _____		
Admission Charged? Yes <u>No</u>	ADDITIONAL DATES: _____		

APPLICANT'S AGREEMENT

I have read this agreement and accept the facility for which this application is made in an "AS IS" condition. In consideration of the minimal fees paid for use of the facility, the applicant is to indemnify, defend and hold harmless the City of Merced, its officers, officials, employees, agents, and volunteers ("City and City Personnel") from all actions, liabilities, claims, damages to persons or property, losses, costs, penalties, obligations, errors, or omissions that may be asserted or claimed by any person, firm, or entity arising out of or in connection with the activities conducted by the applicant, whether or not there is concurrent passive or negligence on the part of City or City Personnel.

NOTICE TO APPLICANT:

All rentals must be cancelled no later than 2 weeks before the event date, except the Senior Center, which must be cancelled at least 30 days before the event. A "Refund Appeal" must be filled out when requesting a refund and may be subject to a 25% assessment fee for administrative costs. Failure to do so will result in forfeiture of deposit and all rental fees.

Signed [Signature]

Date 1/26/18

-OFFICE USE ONLY-		Department Authorized Signature:
FEES		<u>[Signature]</u> Date: <u>1/26/18</u>
Contracted Hours _____ @ \$ _____ = \$ _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Deposit \$ _____		<input type="checkbox"/> Set up Diagram (at least 2 weeks prior to event if applicable)
Set-up Fee \$ _____		<input type="checkbox"/> Certificate of Insurance in compliance with City of Merced
Kitchen Fee \$ _____		<input type="checkbox"/> Contracted Security/Dance Permit
Cleaning Fee \$ _____		<input type="checkbox"/> ABC License (if liquor is to be sold)
TOTAL \$ _____		<input type="checkbox"/> Added to Computer By: _____
		Please make check payable to <u>City of Merced</u> . Returned checks will result in cancellation of event and/or additional charges.

**City of Merced
Parks and Recreation
209-385-6855**

**ACKNOWLEDGEMENT OF
MERCED SENIOR COMMUNITY CENTER
POLICY AND REQUIREMENTS BY RESPONSIBLE
PARTY OVERSEEING EVENT**

I, Jeremy Jenkins, HAVE READ AND UNDERSTAND THE
TERMS OF THE Merced Senior Community Center Facility Use Policy and
agree to abide by all requirements set forth as a condition to renting the
facility on March 30th, 2018. I acknowledge that
I am held responsible for compliance to the Merced Senior Community
Center policy, including renter behavior and safety requirements.

I further understand that the City of Merced Parks and Community Services
facility staff can **terminate** my event without refund of deposit, rental and
cleaning fees for reasons of underage alcohol consumption or other
substance abuse, for exceeding building capacity, and inappropriate or
dangerous behavior by participants.

Signature of Responsible Party: _____

Signature Date: 1-24-18

Date of Event: 3-30-18