

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

*\$50 Deposit on file

keep deposit on file

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Applicant's Name: <u>Kenneth Roberts</u>	Address: [REDACTED]	City: <u>Merced</u>	Zip Code: <u>95340</u>
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Name of Organization: <u>NAAEP</u>	Day Phone (Area Code): [REDACTED]	Evening Phone (Area Code): [REDACTED]
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Room to be reserved - Please Circle:

Sam Pipes Conference Room

Merced Community Senior Center

Nature of Event: <u>Fundraiser</u>	Event Date: <u>10-8-16</u>	Time: <u>3:00</u> AM/PM <u>11:00</u> AM/PM	Estimated Attendance Adults Minors Total
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Public Event? <u>Yes</u> No	Equipment Requirements: (*Does not apply to Sam Pipes room rental) ☐ Chairs - Theatre Style* ☐ Chairs and Tables - Classroom Style* ☒ Chairs and Tables - Banquet Style with Dance Floor* ☐ Stage* ☐ Kitchen Facilities* ☐ Portable Coffee Maker(s)* ☒ P.A. System ☐ U.S. Flag ☐ California Flag Other _____ _____ ADDITIONAL DATES: _____
Event used to raise money? <u>Yes</u> No	
Admission Charged? <u>Yes</u> No	

new date
Oct: 14th 2017

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 10-12-15

-OFFICE USE ONLY-

FEES

Contracted Hours 7 @ \$ 40 = \$ 320.00

Deposit \$ 50

Set-up Fee \$ _____

Kitchen Fee Maint. \$ 45

Cleaning Fee \$ _____

TOTAL \$ 415.00

Department Authorized Signature:

[Signature] Date: 10/17/15

- ☒ Approved ☐ Denied
- ☒ Set up Diagram (at least 2 weeks prior to event if applicable)
- ☒ Certificate of Insurance in compliance with City of Merced
- ☒ Contracted Security/Dance Permit
- ☐ ABC License (if liquor is to be sold)
- ☐ Added to Computer By: _____

Please make check payable to City of Merced.
Returned checks will result in cancellation of event and/or additional charges.