

City of Merced Parks and Community Services

632 W 18th 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:		Address:		City: MERCED	Zip Code: 95340
Name of Organization: Deaf & Hard of Hearing Service Center		Day Phone (Area Code):		Evening Phone (Area Code):	
Room to be reserved - Please Circle: Sam Pipes Conference Room Merced Community Senior Center					
Nature of Event: Luncheon	Event Date: 12/14/19	Time: 10 AM TO 4 PM		Estimated Attendance Adults Minors Total 200	
Public Event? Yes No Event used to raise money? Yes No Admission Charged? Yes No	Equipment Requirements: ☐ 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: <u>Event time is 10 AM to 4 PM. Renter to receive one hour (set up) before and one hour after (cleanup) at no cost.</u> <u>Total use time is 6 hours.</u> ADDITIONAL DATES: _____				

CO-SPONSORSHIP RENTAL FEES**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 _____

Date _____

-OFFICE USE ONLY-**FEES**Contracted Hours \$ 6 @ \$ 40 = \$ 240.00Deposit (refundable) \$ 50.00

Set-up Fee \$ _____

Kitchen Fee \$ _____

Cleaning Fee \$ 45.00**TOTAL** \$ 335.00**Department Authorized Signature:**_____
Date: _____☐ 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.