

# City of Merced Parks and Community Services

690 W 16<sup>th</sup> Street

Merced, CA 95340

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

\*On Call (209) 564-9103

For Rental Problems

*2016*  
*\*\$50 Deposit on file*

## APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Applicant's Name: <i>Kenneth Roberts</i>		Address: <i>2679 E. Cadillac Rd</i>		City: <i>Merced</i>	Zip Code: <i>95340</i>
Name of Organization: <i>NAAEP</i>		Day Phone (Area Code): <i>(209) 76-6869</i>		Evening Phone (Area Code): <i>(209) 757-8716</i>	
Room to be reserved - Please Circle:					
Sam Pipes Conference Room			Merced Community Senior Center		
Nature of Event: <i>Fundraiser</i>	Event Date: <i>10-8-16</i>	Time: <i>3:00 AM/PM</i> <i>11:00 AM/PM</i>		Estimated Attendance	
				Adults	Minors Total
Public Event? <i>Yes</i> No	Equipment Requirements: (*Does not apply to Sam Pipes room rental)				
Event used to raise money? <i>Yes</i> No	<input type="checkbox"/> Chairs - Theatre Style* <input type="checkbox"/> Chairs and Tables - Classroom Style* <input checked="" type="checkbox"/> Chairs and Tables - Banquet Style with Dance Floor* <input checked="" type="checkbox"/> Stage* <input type="checkbox"/> Kitchen Facilities* <input type="checkbox"/> Portable Coffee Maker(s)* <input checked="" type="checkbox"/> P.A. System <input type="checkbox"/> U.S. Flag <input type="checkbox"/> California Flag				
Admission Charged? <i>Yes</i> No	Other _____				
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 *10-17-15*

### -OFFICE USE ONLY-

#### FEES

Contracted Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Set-up Fee \$ \_\_\_\_\_

Kitchen Fee \$ \_\_\_\_\_

Cleaning Fee \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

#### 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.