CA#_____ (Insurance verification)
Expiration Date _____

*Google Doc #*_____
Permit # _____

City of Los Angeles • Department of Recreation and Parks

APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)

PERMITTEE MAY NOT PUBLICIZE THE EVENT UNTIL A PERMIT HAS BEEN ISSUED

PLEASE READ AND COMPLETE ITEMS 1 THRU 19 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. **Recreation Center** Sunland Senior Citizen Center
2. **Name of Organization** _____ **3. Representative's Name** _____
4. **Mailing Address** _____ **City** _____ **Zip** _____
5. **Contact** **Evening** _____ **Cell** _____ **e-mail** _____
6. **Type of Event** _____
7. **Date and Time of Event**

Day(s)	Month/Date(s)	Time(s)		
Sunday	_____	_____	to	_____
Monday	_____	_____	to	_____
Tuesday	_____	_____	to	_____
Wednesday	_____	_____	to	_____
Thursday	_____	_____	to	_____
Friday	_____	_____	to	_____
Saturday	_____	_____	to	_____

8. **Charging Fee(s)?** ☐ Yes ☐ No $_____ **9. Will food sales be conducted?** ☐ Yes ☐ No **10. # of Participants** **Adult** _____ **Youth** _____

11. **Facilities/Services Requested (check all that apply):**

☐ Auditorium ☐ Kitchen ☐ Outdoor Area ☐ Baseball Diamond #____ ☐ Other _____
☐ Gymnasium ☐ Meeting Room ☐ Utility Hookup ☐ Picnic Area #____ ☐ Field # _____

I2. Is this a Fundraiser? ☐ Yes ☐ No **13. Refreshments Served?** ☐ Yes ☐ No **14. 10 x10 Canopies/Tents?** ☐ Yes ☐ No #_____

15. Rental: ☐ Yes ☐ No **Chairs** #_____ **Tables** #_____ **Other** #_____ **Company Name** _____

16. Moon Bounce ☐ Yes ☐ No **Company Name** _____

Contact Name _____ **Phone No.** _____

17. Will you require electrical set-ups? ☐ Yes ☐ No **18. Will you be erecting/assembling any structure larger than a canopy?** ☐ Yes ☐ No

19. There is a possibility that this event may need insurance, please check with the Facility director

HOLD HARMLESS/WAIVER OF DAMAGES

Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE

Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

PERMITTTEE HERBY REPRESENTS THAT:

Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND APPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee: _____ **Date** _____

TO BE COMPLETED BY DIRECTOR IN CHARGE

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE TWO WEEKS PRIOR TO EVENT. SPECIAL EVENTS WITH 200+ REQUIRES PRIOR APPROVAL BEFORE FEES ARE COLLECTED AND 12 WEEKS PRIOR TO THE EVENT

Facility is normally : ☐ Open ☐ Closed Staff Coverage Required: ☐ Yes ☐ No

Is Insurance Required : ☐ Yes ☐ No *Leagues, competitive sports, activity involves risk, or large event/number of people. CAO # / Insurance verification Top of front page

Fees: ☐ Regular Permit ☐ Fee Generating Permit Group Exempt from fees? ☐ Yes ☐ No
If yes - Exemption number _____ Proof of Non Profit status attached ☐ Yes ☐ No

☐ Basic Room Fee (1st 3 hours) = $

☐ No. Staff Needed x # of hours requested = Total Staff Hrs x Hourly rate $ = $

☐ Additional Hours Needed (Rates & Fees) X Hourly Rate $ = $

☐ Additional Rooms (Rates & Fees) x $ x $ = $

☐ Use of Kitchen (Rates & Fees) = $

☐ Refreshment Fee (Rates & Fees) = $

☐ Field / Gymnasium Rental Fee Hours x $ = $

☐ Picnic Reservation Fee: ☐ 1-50 ☐ 51-100 ☐ 101-200 ☐ 201-400**see note ☐ 201-400**see note = $

☐ Non-Refundable Permit Fee (All picnic reservation and specific facilities) – (deposited into Regional Account) = $

☐ Picnic Maintenance Fee (*MRP #*) = $

☐ Moon Bounce Fee *(Special Fund)* = $

☐ Center Rental: ☐ Chairs # x $ ☐ Tables # x $ = $

☐ Utility Hookup Fee = $

☐ Clean-up Breakage Refundable Deposit Receipt No. _____ = $

☐ Other Charges (Explain) = $

TOTAL CHARGES: = $

LESS DEPOSIT: Receipt No. _____ Date _____ = $

Balance Due By: _____ TOTAL: = $

Approval of Director In Charge _____ Date _____

Approval of District Supervisor _____ Date _____

Approval of Principal Recreation Supervisor _____ Date _____

****PLEASE NOTE: For EVENTS (200 persons or more) Principal Maintenance Supervisor and Recreation Superintendent Required**

Approval of Principal Maintenance Supervisor _____ Date _____

Approval of Superintendent _____ Date _____

Comments: