

FACILITIES RENTAL APPLICATION

The City of Ripon

259 N. Wilma Ave., Ripon, CA 95366
 Phone 209-599-2108 * Fax 209-599-2685
 www.cityofripon.org

Please Print Legibly

SECTION I - FACILITY INFORMATION

CHECK ONE (✓) Community Center Stouffer Hall Stouffer Park Lower Gazebo Stouffer Park Upper Gazebo

SECTION II - APPLICANT/EVENT INFORMATION

Applicant Name	Street Address	City/Zip
Organization Name (if applicable)	Drivers License/I.D. #	Phone
	Type of Event (Reception, Fund Raiser, etc.)	Day:
E-mail Address:		Evening:
Day(s)/Date(s) Desired	Hours of Event: From a.m./p.m. To a.m./p.m.	Estimated Attendance
Alcoholic beverages are STRICTLY PROHIBITED AT ALL PARKS. In addition, alcoholic beverages are STRICTLY PROHIBITED AT YOUTH ORIENTED PARTIES OR SOCIAL GATHERINGS WHERE THE MAJORITY OF THE GUESTS ARE 20 YEARS OR YOUNGER. <i>For all other events, alcoholic beverages may be served for a total time period of four (4) hours, the total time may be increased upon approval of the Chief of Police, AND no later than 11:00 p.m.</i>	Will you be serving seafood? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>A special garbage pick-up fee will be charged if serving seafood.</i>	
	Will you be hiring security guards? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>The City reserves the right to require security personnel.</i>	
	Additional garbage can(s)/tubbie(s) needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Each event includes three (3) 300 gallon garbage containers.</i>	
	Will you be using a PA System? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Permit required in Park)</i>	
	Will money change hands in any way, shape or form between the event holder and those who participate/attend? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(i.e., selling tickets, donations, cost in admission price, no-host bar, etc.)</i>	
Will alcoholic beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, time(s) alcohol will be served: From a.m./p.m. To a.m./p.m.		

SECTION III - FEE COMPUTATION (OFFICE USE ONLY)

Rental/Application Fee	\$ _____	Classification _____
Additional Garbage Cans/Tubbies Fee	\$ _____	
Special Garbage Pick-up Fee	\$ _____	
Liability Insurance Fee	\$ _____	<input type="checkbox"/> Will provide own <input type="checkbox"/> Purchase thru City
Liquor Liability Insurance Fee	\$ _____	<input type="checkbox"/> N/A <input type="checkbox"/> Will provide own <input type="checkbox"/> Purchase thru City
TOTAL FEES	\$ _____	
Less Application Fee	\$ _____	Date paid _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
BALANCE DUE	\$ _____	Date paid _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Security/Cleaning Deposit Due	\$ _____	Date paid _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
ABC Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to be granted to: _____	
PA System Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____	
Chief of Police approval required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____ Date: _____	
Comments: _____		

SECTION IV - APPLICANT SIGNATURE/APPROVAL

- * It is understood by the applicant/organization that the use of the facility reservation is not confirmed until the City Clerk approves the agreement and the following are received no later than two (2) weeks prior to your event: Certificate of Insurance, a copy of your approved Alcoholic Beverage Control License (if applicable), proof of adequate Security Personnel coverage (if applicable), and full payment of the Balance Due and Security Deposit.
- * Applicant acknowledges that all reservations are granted with the understanding that the City of Ripon may cancel such reservations should any violation of said conditions, rules or policies occur and/or if false information has been provided.
- * To the fullest extent permitted by law, applicant hereby agrees to hold harmless, defend and indemnify the City of Ripon, its' officers, agents and employees from and against all claims, losses, damages or expenses that might arise during or be caused by the use or occupancy by applicant of leased facility.
- * Applicant acknowledges that it is his/her responsibility to check with the City regarding rentals of adjacent City facilities.
- * I, the undersigned, hereby certify that I have received and understand the Rental Packet/Brochure rules and policies for the above checked facility and agree that they are made a part of this agreement by reference and that I will abide by the same. In addition, I understand that all functions conducted on/in City facilities must abide by the Ripon Municipal Codes.

_____ Applicant's Signature	_____ Date	
The City of Ripon grants to the above named applicant/organization permission to use the facility as indicated in Section I above, subject to all required conditions being met.		
_____ City Clerk's Approval	_____ Date	F:/USERS/Acc5/Facility Rentals/Applications-Packets/Facility Rental Application.xls