

# FACILITIES RENTAL APPLICATION

## The City of Ripon

259 N Wilma Avenue Ripon, CA 95366  
Phone 209-599-2108 \* Email: [facilities@cityofripon.org](mailto:facilities@cityofripon.org)

### 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
Point of Contact (if applicable)	Drivers License/I.D. #	Phone:
E-mail Address:	Type of Event (Reception, Fund Raiser, etc.)	Alt #:
Day(s)/Date(s) Desired	Hours of Event: From a.m./p.m. To a.m./p.m.	Estimated Attendance
<b>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.</b> <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 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 Fee	\$ _____ + _____ (addtl days)
Additional Garbage Cans/Tubbies Fee (\$20/can)	\$ _____
Special Garbage Pick-up Fee (\$70.00)	\$ _____
<b>TOTAL RENTAL FEE</b>	\$ _____
Less Amount PAID	\$ _____ Date pd. _____ <input type="checkbox"/> Ck # _____ <input type="checkbox"/> Cash <input type="checkbox"/> CC
<b>BALANCE DUE</b>	\$ _____ Date pd. _____ <input type="checkbox"/> Ck # _____ <input type="checkbox"/> Cash <input type="checkbox"/> CC
<b>Security/Cleaning Deposit Due (cash/cashier's check)</b> <i>Refundable three working days after event, upon staff approval</i>	\$ _____ Date pd. _____ <input type="checkbox"/> Ck # _____ <input type="checkbox"/> Cash
<b>ALL ITEMS DUE (FEES, DEPOSIT, INSURANCE):</b>	<i>Event subject to cancelation without all items</i>
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: _____
<b>Liability Insurance is Required for all Events</b>	<b>To Obtain Insurance, visit <a href="http://www.cityofripon.org/insurance">www.cityofripon.org/insurance</a></b>
ABC Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to be granted to: _____

### 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 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.
- \* Applicant acknowledges that organization has correct representation of license & permits; furthermore, applicant understands that the City is not obligated to enforce state law.
- \* Applicant acknowledges and will abide by indemnity/hold harmless agreement, communicable disease waiver and release, and insurance requirements on reverse side of this application.
- \* 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.

Updated: 12/20/2024

City Clerk's Approval

Date

INITIAL ON BACKSIDE --->

**General Liability Insurance:** *The undersigned shall maintain general liability insurance in an amount not less than one million dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage. Undersigned's general liability policies shall be endorsed to provide that City and its officers, officials, employees, and agents shall be additional insureds under such policies. When alcohol is being served or sold at any permitted facility, it is mandatory that the General Liability Policy include Liquor Liability Coverage.*

**Workers' Compensation:** Organizations with employees shall maintain Workers' Compensation Insurance (Statutory Limits) and Employer's Liability Insurance with Limits of at least one million dollars (\$1,000,000). Undersigned shall submit to City, along with the certificate of insurance, a Waiver of Subrogation endorsement in favor of City, its officers, agents, employees, and volunteers.

**Indemnity/Hold Harmless Agreement:** Undersigned shall indemnify, defend, and hold harmless the City, its officers, employees, agents and volunteers ("City indemnitees"), from and against any and all causes of action, claims, liabilities, obligations, judgments, or damages, including reasonable legal counsels' fees and costs of litigation ("claims"), arising out of the Undersigned's performance of its obligations under this agreement or out of the operations conducted by Undersigned, except for such loss or damage arising from the sole negligence or willful misconduct of the City. In the event the City indemnitees are made a party to any action, lawsuit, or other adversarial proceeding arising from Undersigned's performance of this agreement, the Undersigned shall provide a defense to the City indemnitees, or at the City's option, reimburse the City indemnitees their costs of defense, including reasonable legal counsels' fees, incurred in defense of such claims.

**Communicable Disease Waiver and Release:** Undersigned waives and releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the event. Undersigned also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City or City's employees arising from or relating to actual or alleged infection occurring during the event, except where caused by the sole negligence or willful misconduct of the City.

**Initial:**\_\_\_\_\_