

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 South Seas House Recreation Center | Benny H. Potter West Adams Avenues Memorial Park

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

<u>Day(s)</u>	<u>Month/Date(s)</u>	<u>Time(s)</u>
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 # _____

12. 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.

PERMITTEE 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: _____