

Community Center Facility Use Application & Permit

MAKE CHECKS PAYABLE TO:

City of Laguna Hills

25555 Alicia Parkway

Laguna Hills, CA. 92653

949-707-2680 FAX: 949-707-2688

*Fees Subject to Change Without Notice

Application & Permit for Facility use. Please type or print neatly.

Applicant: _____
 Address _____
 City _____ State _____ Zip _____
 E-mail: _____

Organization _____
 Phone: Home () _____ Cell () _____
 Non-profit IRS # _____

Event Information

Type of Activity: _____ Will alcohol be served? Yes ☐ No ☐ Will it be Sold? ☐ Yes ☐ No ☐
 Will food/beverages be served? Yes ☐ No ☐ Number of people expected _____ Event Time _____ to _____
 Equipment requested: Chairs ☐ Tables ☐ PA System ☐ Screen/Projector ☐ Kitchen ☐ Other _____
 Additional equipment you will provide: _____
 Contact person (day of event): _____ Phone: () _____
 Activity free? Yes ☐ No ☐ Open to the Public? Yes ☐ No ☐ Admission charge: \$ _____

Room/Equipment Rental	Date	Day	Time In Includes set-up time	Time Out Includes clean-up time	For Office Use Only			
					Days	Hours	Rate per hour	Sub Total

Indemnification: Applicant hereby agrees to defend, indemnify and hold harmless the City of Laguna Hills, and their council members, officers, staff, employees, servants, attorneys, and agents (hereinafter collectively the "City Representatives") from and against any and all claims, demands, expenses, liabilities, disputes, rights, remedies, and causes of action of every kind and nature whatsoever, including attorney's fees (hereinafter collectively "Claims") asserted by anyone including any person, entity, or governmental agency, which Claims arise from, or in any way relate to: (a) the proposed use of City premises or facilities; (b) the event described herein; (c) service or use of alcoholic beverages, if any; or (d) any acts or omissions of Applicant or Applicant's officers, employees, volunteers, invitees, or guests, or any participant in the proposed event. This provision applies regardless of any active or passive negligent act or omission of City Representatives but does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of City Representatives. This Indemnification applies even if insurance is required.

Applicant Signature: _____ **Date:** _____
Print Name: _____

By initialing here _____, Applicant acknowledges receipt of the **City Council Facility Reservation and Use Policy 317** and agrees to abide by the rules and regulations of facility use set forth therein.

Rental Total	
Staff Fees	
Alcohol Fee	
Deposit Amount	
Credit Card (type) AMEX MC Visa	
Check # _____	
Cash	
Rec'd by:	
Balance Due	
Credit Card (type) AMEX MC Visa	
Check # _____	
Cash	
Rec'd by:	

For Office Use Only

Insurance Required? Yes ☐ No ☐ Ins. Certificate #: _____
 ABC License Required? Yes ☐ No ☐ Information sent: ☐
 Tax Form Required? Yes ☐ No ☐ Received: ☐ Date: _____
 Deposit Due Date: _____
 Final Payment Due: _____
 Deposit Refund: _____

Application: Approved _____ Denied _____ Supervisor: _____ Reason: _____
 Reservation Type: RNP ☐ RP ☐ NRNP ☐ NRP ☐ COMM ☐