







\* The facility must be free of debris and spills. If excess trash, food, or spills are left on the floor, the room deposit will be withheld to cover the cost of the extra cleanup.

## Table Set Up Options

### Decorations / Set Up

The use of nails, tacks, scotch tape, staples, pins, etc., are not permitted. Masking tape may be used, but must be removed after use. Decorations and any type of wire or cord may not be hung, tied, or draped on any light fixture inside or outside the facility. All decorations must be taken down and removed from the facility immediately after an event.

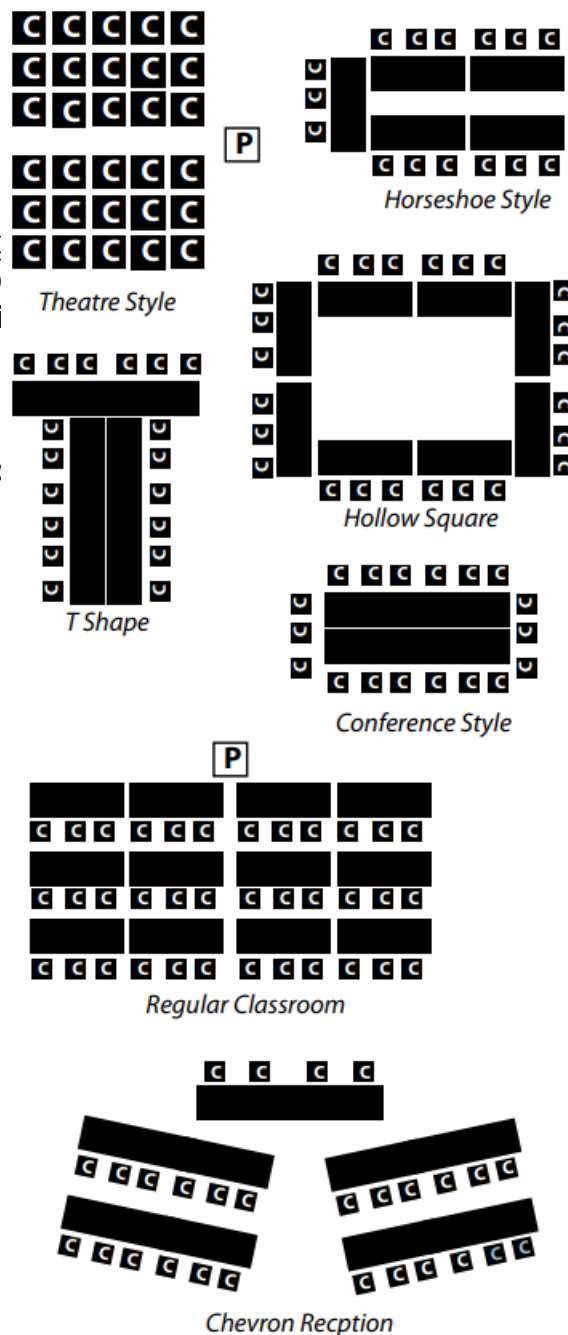
The use of glitter, metallic confetti, rice, and beads is not permitted. Candles or open flames are not permitted in City facilities.

The rental time must include all the time necessary for decoration and clean up.

### Tables and Chairs

Tables and chairs provided and will be set up and taken down by Community Center staff.

Set up diagrams must be submitted at least two weeks prior to the event. Tables and chairs are not to be taken outside.



Visit us online @

<http://portal.cityofsacramento.org/hartcenter>



[www.facebook.com/hartseniorcenter](http://www.facebook.com/hartseniorcenter)

Contract Number \_\_\_\_\_

# City of Sacramento Application for Facility Use

**Ethel MacLeod Hart Senior Center**  
915 27th Street, Sacramento, CA 95816

Phone: 916-808-5462 / E-mail: [yrodriguez@cityofsacramento.org](mailto:yrodriguez@cityofsacramento.org)

## Applicant(s) Information

|   |  |  |  |
|---|--|--|--|
| Name/Responsible Party  |  |  |  |
| Organization/Company Name                                     |  | Is this a company activity? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Address   |  |  |  |
| City, State, ZIP Code   |  |  |  |
| Driver's License or CA I.D. Number<br>(Copy of I.D. Required) |  |  |  |
| Home Phone  |  | Cell Phone:  |  |
| Fax Phone   |  | E-Mail:  |  |
|   |  | Web Address:   |  |
| Alternate Contact Person                                      |  | Cell Phone:  |  |
| Home Phone  |  | E-Mail:  |  |

## Activity Details

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Type of Activity:                         |                              |                             |  |
| Date(s):                                  | Day of the Week:             |                             |  |
| Set-up Time:                              | Break Down Time:             |                             |  |
| Activity Start Time:                      | Activity End Time:           |                             |  |
| Rental Room(s)                            | Room(s) Name:                |                             |  |
| Maximum Attendance                        | Adults:                      | Youth:                      | Total:                                     |
| Will you need the use of a Kitchen?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Will you need City equipment?             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Type of equipment:                         |
| Will you be bringing any equipment?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Type of equipment:                         |
| Is this activity a fundraiser?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |
| Will alcohol be present?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |
| Will food be at your activity?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |
| Will money be charged or exchanged?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |
| Will there be amplified sound?            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain and identify hours of use: |
| Will your event include entertainment?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |
| Will your activity be open to the public? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain:                           |

## Rules and Regulations

- Initial \_\_\_\_ I have received a guideline on building usage and all of the policies and procedures of facility rentals and usage.
- Initial \_\_\_\_ In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.
- Initial \_\_\_\_ Reservations may be made a maximum of one (1) year in advance and must be made a minimum of thirty (30) business days in advance.
- Initial \_\_\_\_ I understand that my rental time is inclusive to set-up and clean-up time and will not gain access to my facility rental before said time on contract. Bring your Facility Use/Event Permit and contract to the facility with you on the day of your reservation.
- Initial \_\_\_\_ I hereby attest that the information contained in this application is true and correct. **I understand that this is only an application and not a guarantee an activity will be allowed to commence.** If a contract is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, any contract issued shall automatically become null and void and any activity associated with this reservation will immediately cease. In addition, violations of above said will result in the forfeiting of all deposits and fees.
- Initial \_\_\_\_ For each fee based reservation that is cancelled a \$25 administrative fee will be assessed. If the cancellation is made later than thirty (30) days before the event date the entire fee is non-refundable and the damage deposits will be refunded less the \$25 administrative fee. Cancellation for the Redwood Room made more than 30 days and up to 50 days in advance will be charged a \$350 cancellation fee. Cancellations received 51, or more days in advance of the reservation date will be charged a \$175 cancellation fee. Contract will be issued at the time of payment. Final date for full payment of reservation will be 60 days prior to reservation date. Any payments made less than sixty (60) days prior to the reservation date must be paid with a MasterCard, Visa, cash or cashier's check. Once an application is assigned/issued a contract number then the refund/cancellation policy becomes applicable. All cancellations, adjustments or rescheduling must be submitted in writing by the responsible party listed on the "Application for Facility Use." **Cleaning/damage deposits and refunds will be processed within 21 business days after the event is cancelled or event provide that the building is cleaned, repaired and restored to its condition immediately following the event.**
- Initial \_\_\_\_ I also agree that I will: (1) be financially responsible for any costs incurred by the City for damages to City property; (2) be financially responsible to reimburse City reasonable attorney fees to enforce the provisions of any contract that is issued for the activity described in this application; (3) forfeit all fees and deposits as partial compensation to the City for any costs associated with the enforcement of the provisions of the application or reservation; (4) forfeit all fees and deposits if it is determined that I have provided false information on the application; (5) be financially responsible for any City costs that exceed fees and deposits already collected by the City for enforcement of provisions related to this application or reservation.
- Initial \_\_\_\_ "The Responsible Party agrees to fully indemnify, defend, and save harmless, the City of Sacramento, its officers, agents, employees, and volunteers from and against all actions, damages, costs, liability, claims, losses, judgments, penalties and expenses of every type and description, including, but not limited to, any fees and/or costs reasonable incurred by the City of Sacramento's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), to which any or all of them may be subjected, to the extent such Liabilities are caused by or result from any negligent act or omission or willful misconduct of the Responsible Party in connection with its use of City of Sacramento facilities. This shall be a continuing release and shall remain in effect until revoked in writing.
- Initial \_\_\_\_ All debris and trash must be bagged and removed from the indoor facility immediately and placed by the dumpster after the said activity. All expenses will be the responsibility of the applicant. When the applicant uses City receptacles all rights of ownership are forfeited.
- Initial \_\_\_\_ I agree to report any discrepancies, complaints, or concerns within 48 hours of facility use. Refund requests other than your deposit will not be returned if the request is made more than 48 hours after your activity. These instances can be reported by telephone at (916) 808-5462, by fax at (916) 264-8253 or through E-mail at [sacrecreation@cityofsacramento.org](mailto:sacrecreation@cityofsacramento.org). If you have safety concerns, or on-site problems please contact on-site City employee.
- Initial \_\_\_\_ In the event a fire alarm is falsely pulled during the permitted rental time by current renters or party guests; the current renters will automatically forfeit the entire \$425.00 deposit fee.

## Rules and Regulations

Initial \_\_\_\_\_ I agree to adhere to seating and standing Fire Code restrictions. Room capacity may be reduced or increased according to your setup instructions. (City staff can assist you with this determination).

Initial \_\_\_\_\_ Sacramento City Code section 12.72.135 prohibits smoking in all City facilities and City parks.

Initial \_\_\_\_\_ I agree that I will be responsible for the behavior, actions etc. of all of the attendants at my event/activity.

Initial \_\_\_\_\_ Amplified sound must be kept at a reasonable decibel. "Amplified sound" means speech, music or other sound projected or transmitted by electronic equipment including amplifiers, loud speakers, microphones, or similar devices or combinations of devices which are powered by electricity, battery or combustible fuel and which are intended to increase the volume, range, distance or intensity of speech, music or other sound.

Initial \_\_\_\_\_ I understand and agree that alcohol requires insurance and security. If your function does not serve or consume alcohol you are still responsible for all members of your party who may bring their own. I understand that is a misdemeanor to sell or give alcohol to persons under the age of 21. In addition, it is a misdemeanor to sell or furnish alcohol to an intoxicated person.

Initial \_\_\_\_\_ I agree, for the sale of alcohol at my event a copy of my ABC license will be submitted to the Hart Senior Community Center.

Initial \_\_\_\_\_ Insurance is required for your activity it must be submitted on a standard ACORD form, or on the insurance company's letterhead. The City of Sacramento must be listed as the certificate holder as well as an additional insured with respects to General Liability. An endorsement naming the "The City of Sacramento, its officials, agents, employees and volunteers" must accompany the certificate of insurance. The endorsement page is often referred to as page CG 2011.

## Agreement and Signature

I the undersigned representative have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein is complete and accurate.

Name (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Payment Information

Total Amount Due: \_\_\_\_\_

Rental Amount: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Cashier Initials: \_\_\_\_\_

\_\_\_ Check or Money Order# \_\_\_\_\_

\_\_\_ Cash \_\_\_\_\_

\_\_\_ Visa \_\_\_\_\_

\_\_\_ MC \_\_\_\_\_

\_\_\_ AMX \_\_\_\_\_

\_\_\_ Discover \_\_\_\_\_

## Refund Information

Name: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_

Care of: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_

## Office Use Only

Certificate of Insurance and Endorsement Needed? Yes \_\_\_ No \_\_\_ Date received: \_\_\_\_\_

Copy of ID? Yes \_\_\_ No \_\_\_

Room Diagram Received \_\_\_\_\_

Guards Needed? Yes \_\_\_ No \_\_\_ Date to request by \_\_\_\_\_

Payment Received \$ \_\_\_\_\_ Date \_\_\_\_\_ Balance \$ \_\_\_\_\_

Payment Received \$ \_\_\_\_\_ Date \_\_\_\_\_ Balance \$ \_\_\_\_\_ Paid in full? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_