

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 \_\_\_\_\_  
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. No. 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. Canopies/Tents?  Yes  No  
15. Rental:  Yes  No Chairs # \_\_\_\_\_ Tables # \_\_\_\_\_ 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 (1<sup>st</sup> 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: \_\_\_\_\_