

# CITY OF CHINO – COMMUNITY SERVICES DEPARTMENT

13201 Central Avenue, Chino, CA 91710, 909.334.3258

## FACILITY REQUEST APPLICATION

*Office Use*

Date/Time: _____
Staff: _____

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Activity/Event: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ 501(c)3#: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

***TIMES REQUESTED MUST INCLUDE NESCESSARY SET-UP AND CLEAN-UP TIME:***

Date(s) Requested: _____	Event	Start Time: _____	End: _____
Alcohol Sold/Served: <input type="checkbox"/> No <input type="checkbox"/> Yes Explain: _____	Rental	Start Time: _____	End: _____
Set-Up (Optional): <input type="checkbox"/> No <input type="checkbox"/> Yes	Clean-Up/Tear Down (Optional): <input type="checkbox"/> No <input type="checkbox"/> Yes		

***Please indicate the facility, room, and equipment requested:***

<u>Facility</u>	<u>Room and Equipment Needs</u>
<input type="checkbox"/> Carolyn Owens Community Center	_____
<input type="checkbox"/> Chaffey College (Ayala Park)	_____
<input type="checkbox"/> Chaffey College (Downtown)	_____
<input type="checkbox"/> Community Building	_____
<input type="checkbox"/> Liberty Park	_____
<input type="checkbox"/> Monte Vista Park	_____
<input type="checkbox"/> Neighborhood Activity Center	_____
<input type="checkbox"/> Preserve Community Center	_____
<input type="checkbox"/> Senior Center	_____

**Hold Harmless and Indemnification**

WHEREAS, the City of Chino has granted permission to the undersigned to use the facilities, and WHEREAS, in consideration of the use of said facilities the undersigned is willing to hold the City of Chino harmless and indemnify it against liability as described below. NOW, THEREFORE, the undersigned hereby agrees as follows: That the undersigned shall fully indemnify, defend and hold the City of Chino and its officials, officers, and employees harmless from any and all liability or anything done or omitted to be done by the undersigned in connection with the use of the facilities.

**\*\*This is not a permit. A permit will be issued once the application has been approved and fees have been paid.\*\***

Name of Applicant	Date	Signature of Applicant
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**FOR OFFICE USE ONLY**

Permit # _____	<input type="checkbox"/> Group I <input type="checkbox"/> Group V	<input type="checkbox"/> Group II <input type="checkbox"/> Internal	<input type="checkbox"/> Group III <input type="checkbox"/> In-kind	<input type="checkbox"/> Group IV
<input type="checkbox"/> Approved on: _____	<input type="checkbox"/> Denial Reason: _____			
<input type="checkbox"/> Credit Card Authorization Form: _____	<input type="checkbox"/> Customer Contacted Date: _____			
<input type="checkbox"/> Contract Submitted Date: _____	<input type="checkbox"/> Customer Cancellation on: _____			
<input type="checkbox"/> Proof of Insurance Date: _____	<input type="checkbox"/> Reason: _____			
Site Supervisor Initials & Date: _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		