



Permit Number:

Facility Rental Agreement

400 Old Bernal Ave. Pleasanton, CA 94566

Mailing address: P.O. Box 520 Pleasanton, CA 94566

Phone: 925-931-5340 Fax: 925-931-5477

FACILITY/DATE/TIME INFORMATION:

(Check one): Amador Recreation Center Senior Center Veterans Memorial Building

Date of Event: _____ Day of Week: Su M T W Th F Sa

Set up: _____ am/pm _____ am/pm

Event Hours: _____ am/pm _____ am/pm

Clean up: _____ am/pm _____ am/pm

Note: Rental Hours must include all time needed for Decorating/Set up, Main Event, and Clean up

RENTER INFORMATION:

Name of Responsible Party: _____ Email: _____

Name of Organization/Company: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Home: _____ Cell: _____ Work: _____

EVENT INFORMATION:

Type of Event: _____ Guest of honor under 21*? yes no

Estimated Attendance: _____ *If guest of honor is under 21, serving of alcohol is not permitted

Please circle all that apply:

Admission/Donation: Yes/No Proceeds for: _____

Alcohol Served: Yes/No If yes, security must be on site Bar (SC/Vets \$25)
1-149 guests: 1 guard; 150-250 guests: 2 guards; 251+ guests: 3 guards

Alcohol Sold (Non-Profit only): Yes/No If yes, must provide ABC license and security guard(s)

Food Catered: Yes/No Caterer: _____

Music: Yes/No Type: Amplified DJ Live PA system (SC/Vets \$25)
Name of Band/DJ: _____

Photographer: Yes/No Name: _____ Projector (\$75)

Insurance provided by: Own Policy Organization/Company Policy Outside Agency

FACILITY RESERVATION PROCEDURE AND GENERAL RULES

Initial _____ By submitting a facility rental agreement, you agree to be bound by the facility rental procedures and rules.

HOLD HARMLESS AND COMPLIANCE AGREEMENT:

I certify that the information provided herein is correct. If I am renting the facility on behalf of an organization, I certify that I am authorized to execute this agreement on behalf of the organization. I certify that I have read the Rules and Regulations pertaining to facility use and agree to comply with the Rules and Regulations. I further agree to be personally responsible for informing those using the facility as scheduled in the Agreement of the rules and regulations of the City. I, or organization, through me, agree to be responsible for any damage sustained by the facility, equipment, or furniture during use of the facility and further agree to release and hold harmless the City of Pleasanton from any and all liability for damage or injury to person or property of the undersigned due to use of said facility. Evidence of this Hold Harmless and Compliance Agreement shall be provided through a Certificate of Liability Insurance from any insurance carrier, or, if available, through special facilities insurance purchased through the City of Pleasanton. Applicants must abide by COVID-19 requirements of the State of California <https://covid19.ca.gov/> and Alameda County Public Health Department's Local Health Orders: <https://covid-19.acgov.org/sip>.

Signature of Renter _____ Date _____ Organization _____

Refund: Yes No Amount: _____ Comments: _____
Staff: _____ Refund Date: _____

Permit Number: _____

EVENT DATE: _____

FEE CATEGORY: A - Co-Sponsored B - Resident C - Non-Resident D - Commercial

AUTHORIZED SIGNATURE: _____ Approved/Denied

FEES:

Rental Fee (minimum 4 hours): \$_____ per hour x _____ hours \$ _____

Damage/Cleaning Deposit*: Amador Recreation: \$500 / Senior Center/Veterans Hall: \$1000 \$ _____

Security Guard: # Guards: _____ x # hours: _____ x \$32.00 per hour (4 hour minimum) \$ _____
 (1-149 guests: 1 guard; 150-250 guests: 2 guards; 251+guests: 3 guards)

Staff Fee: Amador Rec Only \$40 \$ _____

Extra Fees: Bar(s) \$25 ea #: _____ PA System (sc/Vets) \$25 Park Fee (sc) \$100
 Projector \$75 Coffee Urn (sc) \$50 Fun Pack (ARC) \$30 Screen (ARC) \$25 \$ _____

No fee charged: No Chairs Podium Screen Down Total \$ _____

Special Notes: _____

Description	Amount Paid	Date/Staff	Balance Due
Deposit**	\$ _____	_____/____/____	\$ _____
_____	\$ _____	_____/____/____	\$ _____
_____	\$ _____	_____/____/____	\$ _____

*Refundable 2 to 3 weeks after event.

**Required at time of reservation. This is non-refundable and deducted from the Rental Fee Balance.

OTHER REQUIRED PERMITS/CERTIFICATES:

	Own/Agency	Due Date	Received
Certificate of Insurance	_____	_____	_____
Alcohol Beverage Control License (Non-Profit Only)	Yes/No	_____	_____
Room Set-Up Plan	Yes/No	_____	_____
Fire Permit	Yes/No	_____	_____
Security Guard	Yes/No	# _____ of guards from _____ to _____	_____
Caterer: City of Pleasanton Business License Number	_____		
DJ/Band: City of Pleasanton Business License Number	_____		
Photographer: City of Pleasanton Business License Number	_____		

NOTES: