

Deposit paid: _____ Balance due on: _____ Balance paid: _____
(Date/Initial) (Date/Initial) (Date/Initial)

WARRANT REQUEST COMPLETED: _____
(Date/Initial)



Human Services Department/Age Well Center at Lake Elizabeth
40086 Paseo Padre Parkway, P.O. Box 5006, Fremont, CA 94537-5006
510 790-6600 *ph* / 510 790-6610 *rental information line*
www.fremont.gov

PLEASE TYPE OR PRINT CLEARLY. APPLICATIONS ARE ACCEPTED UP TO ONE YEAR IN ADVANCE AND MUST BE SUBMITTED NOT LESS THAN 14 DAYS PRIOR TO THE DATE OF USE.

APPLICANT MUST COMPLETELY FILL OUT AND SIGN PAGES 1 THROUGH 3 (except fees and charges section as noted).

1. I, _____ representing _____
(Name of Individual) (Organization)

hereby request permission to use the Multi-Service Senior Center.
Specific room requested: Multi-purpose (Dining room),
Wing A, Wing B, Kitchen

1. _____
2. _____
3. _____

2. Date(s) of Use: _____, 20____ Day(s) of Week: _____

From(enter time) _____ AM ___ PM ___ to (enter time) _____ AM ___ PM ___

3. Purpose of the Facility Use: _____
(Ex: meeting, wedding, meal, etc.)

4. Anticipated Number in Attendance: _____ (must comply with outlined room capacity)

5. Will there be an admission charge, donation, raffle or any other form of collection made during use of the facility?
(If so, further documentation may be required.)

PLEASE NOTE: Gaming in the State of California is controlled by Sections 319 and 330 of the State Penal Code. Rentals for this purpose must adhere to very stringent and restrictive practices in order to comply with the law.

6. Is the use of alcohol requested? (If yes, assembly/alcohol permit must be submitted – see page 3.) Yes _____ No _____

9. Equipment requested, contingent upon availability:

_____ P.A. System _____ coffee pots _____ unlimited ice (\$25 payable with fees) _____ stage

10. Will there be decorations? Yes _____ No _____ If yes, explain: _____

(continued on other side)

It is distinctly understood and agreed that the applicant (the individual and organization listed in section 1) assumes all risks for loss, damages, liability, injury, cost or expense that may arise during or incurred in any way by the applicant's use or occupancy of the facility. The applicant further agrees that in consideration of being permitted to use the facility, the applicant will indemnify, defend and hold harmless the City of Fremont and its elected officials, officers, agents and employees from any loss, claim, litigation, liability, or damage and/or injuries to person and property resulting or arising in any way from applicant's use or occupancy of the facility.

I, the undersigned, hereby certify that I am authorized to sign on behalf of the organization listed in section 1, and that I will be personally responsible on behalf of the applicant for any damage/loss sustained to the grounds, building, furnishing or equipment or unusual clean-up occurring through the occupancy of the facility by the applicant.

_____, 20____
 (Signature) (Date)

 (Print Name) (Home Phone) (Work Phone)

 (Address: number and street) (City) (Zip)

 (Driver's License Number) (Email Address)

(A VALID CALIFORNIA DRIVER'S LICENSE IS REQUIRED TO SHOW PROOF OF RESIDENCY. MUST INCLUDE CURRENT ADDRESS.)

THIS SECTION TO BE COMPLETED BY AGE WELL CENTER STAFF
Fees and Charges

Multi-Purpose Room _____ hrs x _____ = \$ _____
 Wing A _____ hrs x _____ = \$ _____
 Wing B _____ hrs x _____ = \$ _____
 Kitchen _____ hrs x _____ = \$ _____
 Other fees _____ = \$ _____
TOTAL FEES: \$ _____

BALANCE DUE: \$ _____ due ON or BEFORE: _____ Date paid: _____
 (DATE)
 Credit Card Type _____ Check #: _____ or Cash _____

SECURITY DEPOSIT: \$275.00
 DEPOSIT PAID: ____/____/____ PAID BY: _____
 CHECK # _____ (OR) CASH: _____ (OR) MASTER CARD _____ VISA _____
 DISCOVER _____ AMEX _____
 Validated by: _____

ALCOHOL USE PERMIT

In conjunction with my application for use of Age Well Center at Lake Elizabeth on _____, I am requesting permission to serve alcohol. I understand that only _____
(Activity date)

BEER, WINE AND CHAMPAGNE is permitted **limited to a total of four (4) hours**.

I FURTHER UNDERSTAND THAT I MUST PROVIDE ADULT SUPERVISION TO PREVENT CONSUMPTION OF ALCOHOLIC BEVERAGES BY MINORS.

I intend to serve: BEER _____ WINE _____ CHAMPAGNE _____

Describe service method: _____

_____ (i.e. bottles, kegs, bartenders, etc.)

.....

I will NOT be serving alcoholic beverages _____

.....

I do not intend to charge or solicit donations for admission to the event and/or for the alcoholic beverages.

Date: _____ Signature: _____

I have received a copy of the City of Fremont Facility Use Policy Summary for the Age Well Center at Lake Elizabeth.

I have read and understand these rules and agree to comply with them as a condition for renting space in the City of Fremont Multi-Service Senior Center.

Signature

Organization

Date

Please initial below showing that you have been informed and understand that:

_____ There are no flames of any sort allowed in the building, except for sterno. (see page 9).

_____ The use of Polystyrene (styrofoam) NOT allowed (see page 7 & page 13).