

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



Human Services Department/Age Well Center at South Fremont
 47111 Mission Falls Court, P.O. Box 5006, Fremont, CA 94537-5006
 510-742-7524 Rental Inquires
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, _____ (Name of Individual)
 representing _____ (Organization)

hereby request permission to use the Age Well Center at South Fremont. Specific room requested: Multi-purpose (Dining room), Large Activity Room, Small Activity Room, Conference Room, Bocce Court

1. _____
2. _____
3. _____

2. Date(s) of Use: _____, 20____ Day(s) of Week: _____
 From _____ AM PM to _____ 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.) Yes _____ No _____

7. Equipment requested, contingent upon availability:

_____ Costco 6ft table _____ unlimited ice (\$25 payable with fees) _____ Microphone

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

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.

(Signature)

_____, 20_____
(Date)

(Print Name)

(Home Phone)

(Work Phone)

(Address: number and street)

(City)

(Zip)

(Driver's License Number)

(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	\$	Per	\$
Large Activity Room	\$	Per	\$
Small Activity Room	\$	Per	\$
Conference Room	\$	Per	\$
Bocce Court	\$	Per	\$
Other Fees			
Other Fees			

TOTAL FEES: \$ _____

BALANCE DUE: \$ _____ due ON or BEFORE: _____ (DATE) Date paid: _____

Check #: _____

SECURITY DEPOSIT: \$275.00

DEPOSIT PAID: ____/____/____ PAID BY: _____

CHECK # _____ (OR) CASH: _____ (OR) MASTER CARD _____ VISA _____
DISCOVER _____

Validated by: _____

ALCOHOL USE PERMIT

In conjunction with my application for use of Age Well Center at South Fremont on [redacted], 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 [redacted] WINE [redacted] CHAMPAGNE [redacted]

Describe service method: [redacted]
[redacted]
(i.e. bottles, kegs, bartenders, etc.)

.....
I will NOT be serving alcoholic beverages [redacted]
.....

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

Date: [redacted] Signature: [redacted]

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

[redacted] [redacted]
Signature *Organization*

[redacted]
Date

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

- [redacted] There are no flames of any sort allowed in the building, except for sterno. (see page 9).
- [redacted] The use of Polystyrene (styrofoam) NOT allowed (see page 7 & page 12).