City of Huntington Beach
Community Services Department
2000 Main Street
Huntington Beach, CA 92648-2702

Huntington Central Park Facility Use Permit

Facility: ☐ Picnic Shelter ☐ Amphitheater ☐ Bandstand ☐ Other _____

Event Date: _____ **Time**: From _____ To _____

Applicant Name: _____ **Phone**: _____

Organization: _____ **Phone**: _____

Applicant's Address: _____
NUMBER STREET CITY STATE ZIP

Nature of Event: _____ **Number of Participants**: _____

Will you require the use of electrical outlets for your event? ☐ YES ☐ NO A generator must be used to power inflatables; no exceptions. A separate permit is required for inflatables. Outlets are provided for small appliances only.

_____I understand that a**mplified sound is not permitted.** Music should not disturb other park attendees per Huntington Beach City Ordinance 13.48.080.

_____ Per Huntington Beach City Ordinance 13.48.060, I understand that "no person shall operate, drive, ride, park, or leave standing any automobile, truck, motorcycle, motor scooter, motorized bicycle, go-cart, or any other motor vehicle or any other vehicle at any time in any park." I also understand that by violating this ordinance, I (and my organization, if applicable) may lose the privilege to host future events at any Huntington Beach city park or property.

Additional Information: _____

NOTE: A $10 fee will be charged to cancel a reservation or change a date. Deposit fees may be returned if facility is left clean and free of damage. If other expenses occur not covered herein, additional charges will be made accordingly.

I agree to abide by all laws, rules and regulations which may apply to this area. I accept specific responsibility for other members of my group and for any damage done to city property and/or facilities. I understand that I am responsible for ensuring that all attendees and vendors associated with my group follow the regulations set forth.

_____ _____
APPLICANT'S SIGNATURE DATE

Keep a copy of this permit with you in case of questioning by an official

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For City Use Only

Fees Required

☐ Application	$ _____	☐ Insurance	$ _____
☐ Facility	$ _____	☐ Other	$ _____
☐ Deposit	$ _____	☐ No Fees Required	

Total Fees Paid $	Cash/CC/Check #	Receipt #	Received by:

Issued by: _____ Approved by: _____

COPIES TO: ☐ COMM SVCS ADMIN ☐ HCP EVENT COORDINATOR ☐ PTL MAINT ☐ APPLICANT ☐ HBPD