



APPLICATION FOR USE OF FACILITIES

Any request to make changes to a reservation must be made in person no later than thirty (30) days prior to the event. Fees will not be refunded if cancelled less than thirty (30) days, Newland Barn less than ninety (90) days, of the event. The \$5.00 alcohol filing fee will not be refunded at any time. Payment of all fees is required with the application.

Choose a Facility: HCP Picnic Shelter
 Newland Barn Lake Park Clubhouse Lake Park BBQ Harbour View Clubhouse Rodgers Center
 Maximum 200 Maximum 100 Maximum 200 Maximum 150 Maximum 200

Alcohol N/A YES NO Time alcohol will arrive on premise _____ Time Guests will arrive _____

Will guests be charged to enter? N/A YES NO Will guests be charged for alcohol? N/A YES NO

Type of Event _____ Number in Attendance:* _____
 *Number Includes Guests, Vendors & Staff

Date(s) Requested _____ Day(s) of Week _____

Hours Requested (Include *setup and cleanup* time) _____ am pm to _____ am pm

Is this rental ongoing? YES NO Frequency of Rental _____ Organization _____

Applicant Name _____ Co-Applicant Name _____

Address _____ City _____ Zip _____

Phone _____ Co-Applicant Phone _____ E-mail _____

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

Pursuant to Huntington Beach Municipal Code 9.20.015, display of nudity is prohibited for any permitted event, whether closed or open to the public.

The undersigned hereby agrees to abide by the policies governing the use of this facility, as set forth on the attached page, and all others approved by City Council, and will specifically accept responsibility for any damage to the facility, furniture or equipment caused by the occupancy of said premises. I understand that the City of Huntington Beach is not responsible for lost or stolen property.

The failure to fulfill any obligation within this document or violate any provisions herein shall be considered a breach of facility use, and may result in immediate termination of the event and the forfeiture of all fees and deposits.

Signature of Applicant _____ Driver's License # _____ Date _____

APPROVAL:

COMMUNITY SERVICES
 Approved _____ Denied _____ Date _____
 By _____

CITY MANAGER
 Approved _____ Denied _____ Date _____
 By _____

POLICE DEPARTMENT
 Approved _____ Denied _____ Date _____
 By _____

ABC License # _____
 (if applicable)

(FOR DEPARTMENT USE ONLY)

CHARGES:

Number of Hours _____ @ _____	\$ _____	Insurance Fee	\$ _____
Second Opening Fee	\$ _____	Alcohol Filing Fee	\$ _____
Other _____	\$ _____	Cleaning/Security Deposit	\$ _____

Cash Credit Card MC D Last 4 Digits _____ Exp ____/____ Check # _____ **TOTAL \$ _____**

Received By _____ Date _____ Receipt # _____

Original – Office Copies – Applicant, Custodian, PTL & HBPD