COMMUNITY SERVICES

PUBLIC FACILITY APPLICATION AND AGREEMENT

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT. Return completed application to: Community Services Department - Facility Reservations, P.O. Box 19575, Irvine, CA 92623-9575, Fax: 949-724-6608, Phone: 949-724-6620, E-mail: reservations@cityofirvine.org.

GROUP: 1 2 3 4 5 6

COMPLEX

DATE

PERMIT#

APPLICANT

APPLICANT NAME	ORGANIZATION NAME
ADDRESS (Street, City, State, Zip)	PHONE
	E-MAIL

EVENT CONTACT

EVENT CONTACT NAME	
ADDRESS (Street, City, State, Zip)	PHONE
	E-MAIL

RESERVATION INFORMATION

FACILITY/PARK (Submit your top choices)

1.	3.
2.	4.

ROOM(S)/SHELTER#

SERVICES REQUESTED (Additional fees may apply)

BOUNCE HOUSE*	☐ Y	☐ N	*Vendor must be approved by the City	
CUSTODIAL	☐ Y	☐ N	KITCHEN	☐ Y ☐ N
OPEN TO PUBLIC	☐ Y	☐ N	ENTRY FEE	☐ Y ☐ N
ALCOHOL SERVED+	☐ Y	☐ N	ALCOHOL SOLD+	☐ Y ☐ N

+Security and Special Event Server Certificate required

DATE(S)/DAY

JAN	JULY
FEB	AUG
MAR	SEP
APR	OCT
MAY	NOV
JUNE	DEC

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

HOURS (Include set-up and clean-up)

START ☐ AM ☐ PM END ☐ AM ☐ PM

EVENT INFORMATION

TYPE OF EVENT (If birthday party, specify age)

TOTAL ATTENDANCE _____

HOW MANY UNDER 21 _____

REQUESTED SET-UP**

☐ THEATER ☐ CLASSROOM ☐ SQUARE ☐ U-SHAPE

☐ BANQUET ☐ BANQUET (with ☐ Dance floor ☐ Head Table)

**Room set-up will be arranged with site staff

EQUIPMENT YOU WILL PROVIDE

☐ DJ/BAND

☐ SOUND SYSTEM

☐ OTHER _____

CATERING SERVICE

EVENT CATERED ☐ Y ☐ N

NAME^ _____

^Must have an Irvine Business License

PAYMENT INFORMATION (All fees, including deposits, will be processed at time of application)

☐ VISA ☐ MASTERCARD

☐ AMEX ☐ DISCOVER

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXP ☐☐☐☐

CARDHOLDER NAME _____ SIGNATURE _____

FACILITY USERS AGREEMENT

The undersigned, both individually and on behalf of the above named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributory in connection with such liability.

I certify that we have received and read the rules, regulations and insurance requirements outlined in the PUBLIC FACILITIES RESERVATION AND FEE POLICIES. **I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises.** I understand that any violation of the alcohol use permit policies will result in immediate termination of our event. I also understand that falsification of any information related to this application is a violation of City Ordinance No. 113, subject to penalties stated therein.

SIGNATURE _____

DATE _____ DL# _____

RESERVATION IS VALID ONLY UPON RECEIPT OF WRITTEN CONFIRMATION

IRVINE RESIDENT? ☐ Y ☐ N If YES, must provide utility bill

FOR OFFICE USE ONLY CS STAFF _____ DATE _____

ADDITIONAL REQUIREMENTS

☐ INSURANCE ☐ CHAPERONES ☐ ALCOHOL SERVER CERTIFICATE ☐ WALK THRU

☐ SECURITY ☐ ABC LICENSE ☐ BUSINESS LICENCE ☐ REFUND/CANCEL

DEPOSIT _____ REFUND AMOUNT _____

RENTAL FEE _____ ☐ DEP ON FILE PERMIT# _____

MISC FEE _____ RELEASED ☐ Y ☐ N _____

TOTAL _____ BY _____