



City of Shasta Lake
Community Center
Facility Use Application
 4499 MAIN STREET
 SHASTA LAKE, CA

Community Center
 Rental Manager

530-275-7487

Email:
CommunityCenterInfo@cityofshastalake.org

Name of Applicant	Organization	Non-Profit No Yes If Yes, attach IRS Determination	Government Agency No Yes
Address	Home Phone	Business Phone	Cell Phone
Fees, Deposit & Insurance Main Hall (05-860) \$ _____ Max. Occupancy 300 Meeting Room (05-860) \$ _____ Max. Occupancy 40 Cleaning Deposit** (05-860) \$ _____ Event Insurance* (05-255) \$ _____ (refundable**) Alcohol Premium*** (05-255) \$ _____ Will provide ins. _____ TOTAL FEES \$ _____		Date(s) Requested Between hours of _____ and _____ Nature of Event Estimated No. of Attendees Will there be an admission charge?	
Will alcohol be served?*** Yes No		If Yes, will alcohol be sold ? Yes No	

THE DOORS ON THE NORTH SIDE OF THE BUILDING MUST REMAIN CLOSED TO CONTAIN ANY NOISE OR MUSIC EMANATING FROM INSIDE. IN ADDITION, ANY NOISY CONGREGATION OF PARTICIPANTS OUTSIDE THE BUILDING WILL BRING A WARNING FROM THE SHERIFF'S OFFICE. THE SHERIFF HAS THE AUTHORITY TO CANCEL THE REMAINDER OF ANY EVENT WHICH CONTINUES TO VIOLATE THESE PROVISIONS. **ABSOLUTELY NO CONFETTI ALLOWED.**

_____ Initials of Applicant/Permittee.

* Event Insurance may be purchased through the City, or the Permittee may provide a Certificate of Insurance issued by his/her own carrier. The Certificate must provide for \$1 million in liability coverage and name the City of Shasta Lake as "Additional Insured".

** The Cleaning Deposit is refundable if the facility is left in a clean and orderly condition and any keys are returned to the City. (see the Cleaning Instructions attached).

*** An additional insurance premium and cleaning deposit may be charged for events where alcohol will be served. If alcohol is to be sold Permittee must obtain a permit from the local office of the Alcoholic Beverage Control Department at 1900 Churn Creek Rd, Redding.

For more information call 530-275-7487.

Permittee and the participants in the activity for which this permit is granted (MAY) (MAY NOT) consume or possess alcoholic beverages in the above reserved facility during the use period covered by this application. If permission to consume and possess alcoholic beverages is granted then such permission is conditional and the permit may be revoked forthwith by the City of Shasta Lake for the violation of any law, rule or regulation relation to the consumption and passion of alcoholic beverages and or any other violation of the terms of the permit granted herein.

My signature certifies that I have read the conditions as set forth by the City of Shasta Lake governing the use of facility above; that I will take full responsibility for seeing that the use of these facilities is in full adherence and compliance with these conditions; that I will hold the City harmless from any damage incurred in the use of these facilities; that I will not discriminate against any person because of their race, religion, sex, national origin, or cultural background; that if there are any minors in the group using these facilities, I will accept responsibility for them throughout the period covered by this USE APPLICATION.

Date	Signature of Applicant/Permittee
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For Office Use: <i>(Receipts are to be Attached to Application)</i> Rental Fee Paid: Date _____ Amount _____ 05-860 Deposit Paid: Date _____ Amount _____ 05-860 Insurance Paid: Date _____ Amount _____ 05-255 Issued Facility Key# _____ Date _____ Date Key Returned _____	<p>APPROVED</p> <p>By: _____</p> <p>Date: _____</p>
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