



APPLICATION & AGREEMENT FOR USE OF COMMUNITY FACILITY

Check box for Requested Facility:

<input type="checkbox"/> Teresa Estrada Center (Heber Community Center) 1132 Heber Ave Heber, CA 92249	<input type="checkbox"/> Ocotillo Community Park 266 W. Imperial Hwy Ocotillo, CA 92259 Max Occupancy: 150
<input type="checkbox"/> Community Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Basketball ½ Court <input type="checkbox"/> Library	<input type="checkbox"/> Community Room <input type="checkbox"/> Baseball Field <input type="checkbox"/> Kitchen <input type="checkbox"/> Picnic Area

Requests must be submitted at least 30 business days in advance.

Event hours must include set up time and clean up time.

All fees due upon application approval.

Please submit to office or via email to: countyparksandrecreation@co.imperial.ca.us

CONTACT INFORMATION	Applicant Name/Organization:		Organization Contact (if different from Applicant):	
	Mailing Address:		City:	ZIP Code:
	Phone No. (1):		Phone No. (2):	Fax No.:
	E-Mail Address:		Other:	

EVENT INFORMATION	Type/Purpose of Event:		Estimated Attendance:	
	Describe Seating Plan: <i>(If applicable)</i>		Kitchen Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	List appliances to be used:
	Single Use:	Requested Date(s) _____	Start Time _____	End Time _____
	Weekly:	Start Date _____ End Date _____	Start Time _____	End Time _____
	Bi-Weekly:	Start Date _____ End Date _____	Start Time _____	End Time _____
	Monthly:	Start Date _____ End Date _____	Start Time _____	End Time _____
Other:	Start Date _____ End Date _____	Start Time _____	End Time _____	

USE INFORMATION	Will food be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be allowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will admission or a fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be amplified music? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a generator be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will park electricity be used? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Will park water be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be food vendors at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Will there be merchandise vendors at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	I/We have Liability Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$ _____

Temporary Structures & Equipment (tents, tables, chairs, portable toilets, etc.): _____

Please note that this is an application ONLY and the use of the facility is only authorized if the section on the back is complete and signed by the department. Note also the conditions as follows:

Please Sign and Date:

HOLD HARMLESS CLAUSE

Applicant hereby agrees to hold the County of Imperial, the Department of Public Works, the Parks & Recreation Division, the individual members and all officers, agents, and employees of the County, Department and Division, free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of County property. The applicant agrees to furnish such liability or other insurance for the protection of the public, the County, the Department and Division as may be required.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the park building, furniture, equipment, or grounds accruing through the occupancy or use of said building and/or grounds by applicant.

I hereby certify that I have read the rules, regulations, conditions and terms of this application and that I, and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and the laws of California and to all other directives of the County, Department and Division and their authorized agents.

I further certify that I, and the organization I represent, will comply with all the provisions of the **Americans with Disabilities Act** during that period of time when authorized to use the buildings/grounds of the County of Imperial.

I certify that all statements on this application are complete and correct.

The Department of Public Works Director (or designee) may revoke an approved permit or deny either the issuance or renewal thereof, at any time if the applicant and/or permittee violate the conditions of such permit as specified by the County Codified Ordinance and/or the Director.

Signature: _____

Date: _____

OFFICIAL USE ONLY

APPROVED

DENIED

TOTAL EVENT FEES:

CLEANING DEPOSIT:

AREA OF USE

See Attached Map

Open to Full Facility

SPECIAL CONDITIONS: All items are approved requests and/or required conditions that you must provide.

LIABILITY INSURANCE

ALCOHOL CONDITIONS (attached)

COMMUNITY EVENT PERMIT (EHS)

EVENT AGENDA

SECURITY AT YOUR EXPENSE

FOOD BOOTH PERMITS (EHS)

SITE PLAN

PORTABLE TOILET SERVICE

TEMPORARY BUSINESS LICENSE (Treasurer)

PARKING PLAN

A LIST OF ALL VENDORS TO ICPDS

CODE ISSUED:

TRASH DISPOSAL

OTHER: _____

EXPIRATION DATE:

OFFICE APPROVAL: _____

DATE: _____

NAME: _____

OFFICE COMMENTS/CONDITIONS: