



**APPLICATION FOR USE OF CITY OF LODI
PARKS AND RECREATION FACILITIES AND PARKS**

Applications for use of City of Lodi facilities or parks must be submitted to the Lodi Parks & Recreation Department, 230 W. ELM ST., Lodi, CA 95240, a minimum of sixty (60) days in advance of the proposed use. A response shall be mailed within thirty (30) working days of receipt of the application form. Rental/Use of City of Lodi facilities is contingent upon need by the Lodi Parks & Recreation Department.

Receipt of this form shall in no way constitute approval of an application. Application must be signed and dated by an officer of the sponsoring organization to be considered a valid request. The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

It is understood that upon approval of the use of said City facility or park, the renter shall:

- Meet with the Parks & Recreation facility/parks coordinator to discuss what each party will/will not do or be responsible for;
- Sign legally binding agreement;
- Pay all fees by deadlines stipulated in the contract;
- Provide insurance certificate(s) as required and/or purchase City’s insurance;
- Meet Police, Fire, and City Administration requirements;
- Supply schedule for activity/games.

HOLD HARMLESS: Applicant hereby agrees to hold the City of Lodi and its governing bodies, the individual members thereof and all agents and employees of various jurisdictions, 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 the property. The lessee agrees to furnish such liability in accordance to the City of Lodi Risk Transfer Requirements for the protection of the public and participants in the event for which application is made and the lessor, as the lessor, may require. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage sustained by the Parks and Recreation Department or any of its equipment by applicant. All facilities are to be left in a neat and clean condition. I hereby certify that I will abide by the rules and regulations of the Parks and Recreation Department of the City of Lodi, and that I will conform to all applicable provisions of the Constitution and laws of the State of California.

AGREEMENT: The undersigned hereby make an application to the City of Lodi Parks & Recreation Department for the use of City of Lodi facilities/parks described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe rules and regulations of the City of Lodi Parks & Recreation Department. The applicant agrees to exercise the utmost care in the use of the premises and property, be responsible for any damages to the City of Lodi property resulting from use and will hold the City of Lodi harmless from all liability resulting from the use of said facilities/parks. Applicant further agrees to use only those facilities/parks indicated above. The organization agrees that, to the best of its knowledge, the City property for use of which this application is made, will not be used for the commission of any unlawful act and will be used for the purpose specified.

Sponsoring Organization:

Signature of Organization Authorized Representative

Date

Print Name

Title

SECTION I – TO BE COMPLETED BY APPLICANT

Applicant Information

Named Insured (Event Holder) is a:

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Not-For-Profit 501(c)3 | <input type="checkbox"/> Informal Group or Committee |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public Agency | <input type="checkbox"/> Labor Union | Describe: _____ |

Named Insured (as it is to appear on the policy):

_____ (Event holder name as shown on the permit or rental agreement)

- Are you a:
- | | | |
|---------------|------------------------------|-----------------------------|
| Vendor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Instructor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Event Holder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____
 E-mail: _____ Organization Website: _____
 Home Phone: _____ Business Phone: _____
 Fax #: _____ Cell Phone: _____

Event Information:

Name & Type of Event: _____
 Name of Facility: _____
 Facility Address: _____
 City: _____ State: _____ Zip: _____

Describe the Event and list all activities. Attach a separate page if necessary. If the Event is more than one day, include the date(s) each activity occurs. List each date the Event will be held, expected attendance and event duration each day. Include event set up and take down days. Attach a separate page if necessary.

<u>Date</u>		<u>Activity</u>	<u>Event Hours</u>		<u># of Participants</u>
			Start	End	

Will your Event have music? Yes No
 If yes, what type of music? Live Music Stereo/CD Player

Food & Beverage Information:

Date	Event Hours		Attendance (Expected)	Food & Beverages				Hours Food & Beverages are served or sold	
	Start	End		Served		Sold		Start	End
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
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Type of Food & Beverage: _____

Estimated sales receipts for Food & Beverages: _____

Will you have a caterer or vendor serve or sell the food & beverages?

Yes No If yes, please provide a copy of the Certificate of Insurance.

At how many different locations will food & beverages be served or sold? _____

Are you required to obtain or have a seller's license for your Event?

Yes No

Alcohol Information:

Date	Event Hours		Attendance (Expected)	Alcoholic Beverages				Hours Alcoholic Beverages are served or sold	
	Start	End		Served		Sold		Start	End
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Type of Alcoholic Beverage: Beer Wine or Champagne Mixed Drinks or Full Bar

Estimated sales receipts for Alcoholic Beverages: _____

Will you have a caterer or vendor serve or sell the alcoholic beverages?

Yes No If yes, please provide a copy of the Certificate of Insurance.

How many different locations at the Event will alcoholic beverages be served or sold? _____

Are you required to obtain or have a liquor license for your Event?

Yes No

What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

Ticket Sales Information:

Will you sell tickets to attend the Event? Yes No If yes,

1.	How many tickets do you expect to sell?	
2.	What is the expected total receipts from ticket sales?	
3.	What is the price per admission ticket?	
4.	Tickets are:	<input type="checkbox"/> Pre-sold Only <input type="checkbox"/> Sold only at the door <input type="checkbox"/> Both

Event Security Information:

Will the Event have security? Yes No Security will be: Armed Unarmed

If yes, show type of security and list number of security personnel.

Type of Security & # of Security Personnel

Type of Security	#	Type of Security	#
<input type="checkbox"/> Facility Security		<input type="checkbox"/> Private Security Co.	
<input type="checkbox"/> Private Security-Not employees of a Security Co.		<input type="checkbox"/> Police or Sheriff	
<input type="checkbox"/> Peer Group or Ushers		<input type="checkbox"/> Employees of Event Holder	
<input type="checkbox"/> Parent Chaperones		<input type="checkbox"/> Volunteers	

Event Advertising Information:

Is the Event being advertised or promoted? Yes No If yes, how? (Include all methods)

Television Yes No Radio Yes No Poster Yes No

News Paper Yes No Brochure/Flyer Yes No

Billboard Yes No

Event Web site Yes No Website address: _____

Event Emergency Information:

Do you have an Emergency Evacuation Plan? Yes No

If yes, explain how Event Management and Event Attendees are notified.

Will there be Medical Personnel present at the Event? Yes No If yes, identify the number of:

Doctors		EMT/EMS	
Paramedics		Other	
Nurses			

Is there an Ambulance on site? Yes No

SECTION II – TO BE COMPLETED BY CITY

PARKS & RECREATION COST

Facility use _____	_____ Hours @ \$_____	= \$_____	
Custodial _____	_____ Hours @ \$_____	= \$_____	
Maintenance _____	_____ Hours @ \$_____	= \$_____	
Other _____	_____ Hours @ \$_____	= \$_____	
Loss or damage to facility		\$_____	
Park rental price:	\$_____ x _____	= \$_____	
	(# of Days)		
Deposit		\$_____	
	Total	\$_____	

Additional services (A=Applicant to supply, C=City to supply)

- Ticket booth
- P A system
- Lights
- North parking lot
- Complex parking lot
- Concession stand
- Scoreboard
- Field house
- Restroom
- Electrical hookups (110-220amps)
- Security personnel # _____
- Dumpsters # _____
- Port-o-pots # _____
- First aid station
- Other _____

Additional agreed upon services/conditions _____



City of Lodi
221 W. Pine St., Lodi, CA 95240
LESSEE/EVENT INSURANCE REQUIREMENTS

Insurance Requirements for Lessee: The lessee shall take out and maintain during the life of the event, insurance coverage as listed below. These insurance policies shall protect the lessee covered by this contract from claims for damages for personal injury, including accidental death, as well as from claims for property damages, which may arise from lessee's use of facility under this contract, whether such use be by lessee or guest or by anyone directly or indirectly employed by either of them, and the amount of such insurance shall be as follows:

COMPREHENSIVE GENERAL LIABILITY

- \$3,000,000 Bodily Injury - Ea. Occurrence
- \$1,000,000 Property Damage - Ea. Occurrence
- \$1,000,000 Auto Liability Combined Single Limit
- \$2,000,000 Combined Single Limits
- \$2,000,000 Aggregate

* If alcohol is being served, liquor liability should be reflected as well

NOTE: Lessee agrees and stipulates that any insurance coverage provided to the City of Lodi shall provide for a claims period following termination of coverage which is at least consistent with the claims period or statutes of limitations found in the California Tort Claims Act (California Government Code Section 810 et seq.).

Certificate holder must reflect: **City of Lodi, 221 West Pine Street, Lodi CA 95240**

A copy of the certificate of insurance with the following endorsements shall be furnished to the City:

(a) **Additional Named Insured Endorsement**

Such insurance as is afforded by this policy shall also apply to the City of Lodi, its elected and appointed Boards, Commissions, Officers, Agents, Volunteers, and Employees as additional named insured.

(This endorsement shall be on a form furnished to the City)

(b) **Primary Insurance Endorsement**

Such insurance as is afforded by the endorsement for the Additional Insured shall apply as primary insurance. Any other insurance maintained by the City of Lodi or its officers and employees shall be excess only and not contributing with the insurance afforded by this endorsement.

(c) **Severability of Interest Clause**

The term "insured" is used severally and not collectively, but the inclusion herein of more than one insured shall not operate to increase the limit of the company's liability.

(d) **Notice of Cancellation or Change in Coverage Endorsement**

This policy may not be canceled nor the coverage reduced by the company without 30 days' prior written notice of such cancellation or reduction in coverage to the City Attorney, City of Lodi, 221 W. Pine St., Lodi, CA 95240.