



**APPLICATION FOR USE OF FACILITIES**

**Any request to change times, dates or to cancel 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 of the event. The \$5.00 alcohol filing fee will not be refunded at any time.**

Choose a Facility:

- Newland Barn       Lake Park Clubhouse       Lake Park BBQ       Harbour View Clubhouse       HCP Picnic Shelter  
 Maximum 200                      Maximum 100                      Maximum 200                      Maximum 150

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    V MC D    Last 4 Digits \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_     Check # \_\_\_\_\_    **TOTAL** \$ \_\_\_\_\_

Received By \_\_\_\_\_      Date \_\_\_\_\_      Receipt # \_\_\_\_\_

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