CITY OF HUNTINGTON BEACH
COMMUNITY SERVICES DEPARTMENT
2000 Main Street, 5th Floor
Huntington Beach, CA 92648-2702

Office 714-536-5486
For EMERGENCIES, please contact:
Kitty Barlow 714-655-6038
Police Department 714-960-8811

APPLICATION FOR USE OF CLUBHOUSE FACILITIES

Facility: ☐ Newland Barn (Maximum 200) ☐ Harbour View Clubhouse (Maximum 150) ☐ Lake Park Clubhouse (Maximum 100) ☐ Lake Park BBQ (Maximum 200)

Alcohol YES ☐ NO ☐ Will guests be charged for alcohol or entrance? YES ☐ NO ☐

Would you like our staff to set up and take down the provided tables and chairs for a $25.00 fee? YES ☐ NO ☐

If yes, please indicate Theater seating ☐ Banquet seating ☐ Custom seating ☐ (please provide diagram)

Type of Event _____ Number Attending _____

Date(s) Requested _____ Day(s) of Week _____

Hours Requested _____ am/pm to _____ am/pm *(Include *setup and cleanup* time)

Is this rental ongoing? YES ☐ NO ☐ Frequency of Rental _____

Applicant Name _____ Organization _____

Address _____ City _____ Zip _____

Phone _____ Other Phone _____ E-mail address_____

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

_____

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	$_____
Table/Chair Setup Fee	$_____	Cleaning/Security Deposit	$_____
Other_____	$_____	**TOTAL**	$_____

☐ Cash ☐ Credit Card: V MC D Last 4 Digits _____ Exp____/_____ ☐ Check #_____
Received By _____ Date _____ Receipt #_____

Original – Office Copies – Applicant & Custodian