

APPLICATION FOR USE OF FACILITY

Facility HUNTINGTON BEACH ART CENTER Room(s) _____

Resident YES NO Alcohol YES NO Please note:

Nature of Event _____ Number Attending _____

Date(s) of Event _____ Hours _____ am/ pm to _____ am/ pm
(Include setup and cleanup time)

Applicant _____ Organization _____

Street _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

NOTE: Any requests to change times, dates, or to cancel a reservation must be made no later than seven (7) days prior to event. A \$10 fee will be charged. Alcohol filing fee of \$5.00 is NOT refunded in case of a cancellation or after use of the facility. IF A CANCELLATION IS MADE LESS THAN SEVEN (7) DAYS PRIOR TO EVENT, FEES WILL NOT BE REFUNDED. If other expenses occur, not covered herein, additional charges will be made accordingly. You must vacate the premises at the time indicated on this application.

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 # _____ Birth Date _____ Date _____

APPROVALS:

AUTHORIZED DEPARTMENT AGENT
Approved _____ Denied _____ Date _____
By _____

CITY MANAGER
Approved _____ Denied _____ Date _____
By _____

POLICE DEPARTMENT
Approved _____ Denied _____ Date _____
By _____

ABC License # _____
(if needed)

(Department Use Only)

CHARGES:

Number of Hours _____ @ _____	\$ _____	Insurance Fee	\$ _____
Number of Hours _____ @ _____	\$ _____	Alcohol Filing Fee	\$ _____
Number of Hours _____ @ _____	\$ _____	Cleaning/Security Deposit	\$ _____
Number of Hours _____ @ _____	\$ _____		
Kitchen _____ @ _____	\$ _____	Total	\$ _____

Received By _____ Date _____ Cash, C/C, Check # _____ Receipt # _____

Refunds(s) _____ By _____ Date _____