



FACILITY USE PERMIT APPLICATION

Today's Date: _____

Renter Information	<i>Applicant Name (hereinafter "Renter"):</i>		<i>Birthdate of Applicant:</i>		
	<i>Authorized Agent for Renter: (may be the same as the applicant)</i>				
	<i>Phone:</i>		<i>Fax:</i>		<i>Email:</i>
	<i>Address:</i>		<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Rental/Event Information	<i>Facility Requested: (include room location if applicable)</i>		<i>Date(s) Requested:</i>		
	<i>Hours of Rental:</i> Begin: _____ End: _____		<i>Set-up Time to Begin:</i>	<i>Clean Up Time to End:</i>	
	<i>Type of event to be held (i.e. baby shower, birthday party, family reunion etc.):</i>			<i>Anticipated Attendance: (Required)</i>	
	<i># of Tables:</i> _____	<i>Ongoing Rental?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Participation Fee Charged?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Vendors?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number attending: _____	
Additional Event Information	<p>For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Harrisonburg Parks and Recreation Department, see the attached <u>Facility Use Policies</u>.</p> <p>Should any of the services below be self provided, please write the word "SELF" on the blank line.</p> <p><i>Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i></p>				
	<input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only) <input type="checkbox"/> Music (Recorded) _____ <input type="checkbox"/> Music (Live) _____ <input type="checkbox"/> Amplifying Devices Or Loud Speakers _____ <input type="checkbox"/> Audio/Visual Equipment _____ <input type="checkbox"/> Catered Event _____ <input type="checkbox"/> Other _____				

The undersigned hereby acknowledge that a copy of the ***Facility Use Policies*** containing the rules and regulations for use of facilities owned and/or managed by the City of Harrisonburg Parks and Recreation Department has been received and read, and understands and agrees to abide by these rules and regulations governing the use of the Facility being rented.

The undersigned person executing this Application on behalf of the Renter represents and warrants that he/she has full authority to sign this Application on behalf of the Renter and that he/she has the authority to fully bind the Renter to the terms and conditions set forth in this Application.

Print Name of Authorized Signatory

Date

Sign Name of Authorized Signatory

Title

Address

City

State

Zip Code

Facility Rental Insurance

Applicant Name or Permit Renter (Individual or Company): _____

Insurance is required and must be submitted in advance for:

- An ongoing rental permit
- Service(s) being provided by a third party/vendor (e.g. caterer, DJ, bounce house)

Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT RENTER shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY.

Certificates or other evidence of coverage shall be delivered via email, fax or US mail.

Certificate Holder must read:

**City of Harrisonburg
409 S. Main Street
Harrisonburg, VA 22801**

Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.

Insurance Requirements

Renters are required to evidence the following Insurance to the City:

<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>
Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000

- All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured and list the date and location of the event.

If Renter does not have insurance, alternatively it may be obtained through a TULIP (Tenant User Liability Insurance Program). Contact Harrisonburg Parks and Recreation for more information.

Internal Use only:

Approved: YES NO

Permit # _____

Date Received: _____

Date of Rental: _____

Date Insurance Submitted: _____

Rental Fee: _____

Security Deposit: _____

Date Insurance Approved: _____

Insurance Compliance Documentation is Attached (circle one): **Yes No**

Facility Supervisor: _____

Signature

_____ Date