



TOWN OF DISCOVERY BAY COMMUNITY SERVICES DISTRICT

SPECIAL EVENT PERMIT APPLICATION

SPECIAL EVENT: Location: [ ] Community Center [ ] Cornell Park [ ] Ravenswood Park

Please check all that apply to your Special Event:

- [ ] Arts/Crafts/Safety Faire [ ] Concert [ ] Park Festival
[ ] Block Party [ ] Egg Hunt [ ] Parking Lot Sales
[ ] Business/Health Faire [ ] Filming [ ] Protest/Rally/Demonstration
[ ] Car Show [ ] Fundraiser [ ] Pyrotechnics/Fireworks
[ ] Carnival/Circus [ ] Movie in the Park [ ] Race/Run/Marathon
[ ] Certified Farmers Market [ ] Outdoor Retail Sales [ ] Street Festival
[ ] Clothing/Food Give-Away [ ] Parade/Procession [ ] Walk-A-Thon

[ ] Other: \_\_\_\_\_ Estimated number of participants per day: \_\_\_\_\_ Total Attendance: \_\_\_\_\_

CONTACT INFORMATION

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EVENT INFORMATION

Date Submitted: \_\_\_\_\_ Actual Event Dates: \_\_\_\_\_

Set up Times: \_\_\_\_\_ to \_\_\_\_\_ Actual Event Times: \_\_\_\_\_ to \_\_\_\_\_ Take down/Clean-up: \_\_\_\_\_ to \_\_\_\_\_

Check all applicable items:

- [ ] Alcohol to be Sold\* [ ] Fireworks/Pyrotechnics [ ] Portable Fencing
[ ] Alcohol to be given away\* [ ] Food to be given away [ ] Portable Lights
[ ] Amplified Sound [ ] Food to be sold\*\* [ ] Portable Stage
[ ] Animals [ ] Free Admission [ ] Portable Toilets
[ ] Comfort Stations [ ] Garbage Removal [ ] Private Event
[ ] Cones and/or Delineators [ ] Jump/Bounce Houses [ ] Recycling Receptacles
[ ] Craft Booths [ ] Mobile Medical Service Vehicles [ ] Rides/Amusements
[ ] Electric Generators [ ] Music [ ] DJ [ ] Live Band [ ] Security
[ ] Electrical Power Sources [ ] Open to the public [ ] Tents
[ ] Entertainment [ ] Parade [ ] Tickets to be sold for entry
[ ] Extra Parking Lots [ ] Portable Bleachers [ ] Vendor Booths

\*ALCOHOL IS NOT ALLOWED WITHOUT ALCOHOL PERMIT APPLICATION APPROVED BY THE GENERAL MANAGER

**\*\* A Temporary Food Event Permit must be obtained from CCCEH if food is given away or sold at a public/community event**

**PLEASE NOTE THAT WE ARE NOT A BANQUET FACILITY AND DO NOT HAVE A KITCHEN**

**FEE(S) / DEPOSIT(S) / CANCELLATIONS**

The rental fee and deposit are due the day you make your reservation. The rental fee may be paid by Visa, Mastercard, check or money order. The deposit is required to be paid separately from the rental fee by check or money order made payable to the "Town of Discovery Bay CSD."

Cancellation for Special Event Permit Applications occurring sixty (60) days or more prior to the event will be refunded all fees and deposits. Cancellations less than sixty (60) days, but more than thirty (30) days prior to the event date will forfeit 25% of the total fees. Cancellations less than thirty (30) days prior to the event date, but more than fifteen (15) days prior to the event date will forfeit 50% of the total fees. Cancellations occurring less than fifteen (15) days prior to the event date will forfeit all applicable fees. In all cases of cancellation, 100% of deposit shall be returned.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WAIVER, RELEASE & INDEMNITY AGREEMENT**

Waiver, Release and Indemnity Agreement: The person signing this Agreement warrants that he/she has the authority to execute this Agreement or on behalf of the Organization/Group and that he/she or the Organization/Group will be bound to the terms of the Agreement by such signature. I hereby understand this application is to request usage of a Facility and accept personal responsibility for damage sustained and/or cost incurred by the Town of Discovery Bay CSD because of the occupancy of said premises by myself or my Organization/Group. I, or my Organization/Group, agree to fully reimburse the Town of Discovery Bay CSD for any damage arising from the use of said Facility, and costs and/or attorneys' fees, if any, incurred in collection. I have received, read and fully understand the rules, regulations and policies for use of the Facility. I agree to abide by, inform my Organization/Group, and enforce the rules, regulations and policies of the Town of Discovery Bay CSD governing the use of the Facility. I understand and agree that failure to abide by the rules, regulations and policies of the Town of Discovery Bay CSD shall result in the immediate loss of privileges of use of the Facility and/or privileges for future use. I also agree to hold the Town of Discovery Bay CSD, its officers, employees, the individual members thereof, agents, and volunteers, harmless from any damage, liability, cost or legal expense that may arise during or be caused in any way by such use or occupancy of the Facility. I agree that this Waiver, Release and Indemnity Agreement is binding on my heirs and assigns.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Accounting Use Only**

Rental Rate: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Deposit Ck # \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date Rental Fee Paid: \_\_\_\_\_  Ck # \_\_\_\_\_  Cash  Credit Card

Total: \_\_\_\_\_ Insurance Required? \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fee Waiver Approval by Town General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Note any Pre-existing damage to the area:

**POST EVENT INSPECTION**

Note any damage or cleaning needed to the premises:

Deposit Amount: \_\_\_\_\_ Cost of Cleaning: \_\_\_\_\_

Cost on Damages: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Additional Comments/Notes