



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 [] Pyrotechnics/Fireworks
[] Block Party [] Egg Hunt [] Parking Lot Sales
[] Business/Health Faire [] Filming [] Pickleball Court
[] Car Show [] Fundraiser [] Protest/Rally/Demonstration
[] Carnival/Circus [] Parade/Procession [] Pyrotechnics/Fireworks
[] Carnival/Circus [] Park Festival [] Retail Sales
[] Certified Farmers Market [] Pickleball Courts [] Race/Run/Marathon
[] Clothing/Food Give-Away [] Protest/Rally/Demonstration [] Street Festival
[] 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
[] Food Trucks

Description of event: _____

ALCOHOL IS NOT ALLOWED WITHOUT APPROVAL BY THE DEPARTMENT OF ALCHOLOIC BEVERAGE CONTROL (ABC) AND APPROVAL 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

See Policy 012 for a complete list of rules and regulations.

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: _____

Additional Comments/Notes