

Date: \_\_\_\_\_

**USE OF DUARTE CITY FACILITIES**

Insurance: 100-2123 # \_\_\_\_\_  
CC/SC Building: 100-4402  
ROP/TC Building: 100-4404  
Deposit: 100-2120

**APPLICATION AND AGREEMENT**

I Will Purchase City Special Event Insurance: \_\_\_\_\_ I Will Provide Certificate of Insurance \_\_\_\_\_ (Choose one)

Name of Organization/Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (Zip) (Cell Phone) (Home Phone)

Identification: \_\_\_\_\_ or \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Driver's License No.) (Calif. I.D. Card No.)

**REQUEST** \_\_\_\_\_ Community Center (Full) \_\_\_\_\_ Community Center (Half) \_\_\_\_\_ Duarte Teen Center  
**USE OF:** \_\_\_\_\_ Community Center Kitchen \_\_\_\_\_ Royal Oaks Park Building \_\_\_\_\_ Duarte Teen Center Mtg. Room  
\_\_\_\_\_ Community Center AV \_\_\_\_\_ Senior Center \_\_\_\_\_ TC BBQ

Purpose of Rental: \_\_\_\_\_  
(If event is a wedding reception and/or ceremony, please provide the full name of Bride and Groom.)

Date of Use: \_\_\_\_\_ Activity Time: \_\_\_\_\_ to \_\_\_\_\_ Set-up Time: \_\_\_\_\_ to \_\_\_\_\_

Estimated Attendance: Adults \_\_\_\_\_ Teens \_\_\_\_\_ Children \_\_\_\_\_ TOTAL \_\_\_\_\_

Admission/Donation: \_\_\_\_\_ If so, what will proceeds be used for? \_\_\_\_\_

Are you using a caterer? \_\_\_\_\_ If so \_\_\_\_\_  
(Name) (Address) (Phone Number)

Are you providing? \_\_\_\_\_ Live Entertainment \_\_\_\_\_ DJ (Live entertainment / DJ only allowed at Senior Center)

**COMMUNITY/SENIOR CENTER/DUARTE TEEN CENTER**

(ALCOHOLIC BEVERAGES ARE PROHIBITED AT THE TEEN CENTER!)

Alcohol Served: \_\_\_\_\_ \*Alcohol Sold: \_\_\_\_\_ \* A permit must be obtained from the Dept. of Alcoholic Beverage Control.

**EQUIPMENT REQUESTED:** \_\_\_\_\_ Tables & Chairs (Banquet arrangement for \_\_\_\_\_ people)  
\_\_\_\_\_ Chairs Only (Theater arrangement for \_\_\_\_\_ people)  
\_\_\_\_\_ BBQ (Teen Center)

**EQUIPMENT AVAILABLE  
FOR COMMUNITY CENTER  
MEETINGS ONLY:**

\_\_\_\_\_ Public Address System: \_\_\_\_\_ On Stage \_\_\_\_\_ On Floor  
\_\_\_\_\_ Film Screen \_\_\_\_\_ Speaker's Podium: \_\_\_\_\_ On Stage \_\_\_\_\_ On Floor

By signing below I am certifying that I have read and understand the Policies and Procedures pertaining to the requested facility use and agree that I am responsible for their enforcement and that I must be present at the event on the date requested. I certify that all the above statements are true and correct. I understand that any misstatement or omission of a material fact may be sufficient cause for cancellation of use of the building. I am aware that all rental fees are due and payable eight (8) working days in advance of the activity. I am aware that all renters are required to carry insurance to rent a facility and I understand that I must provide a certificate of insurance covering \$1,000,000 in liability naming the City of Duarte as co-insured or I will purchase special event insurance through the City of Duarte. I understand that special event insurance must be purchased/presented eight (8) working days prior to the event date.

\_\_\_\_\_  
Signature of Applicant (Street) (City) (Phone No.)

**FOR OFFICE USE ONLY**

Application Approved \_\_\_\_\_ Application Denied \_\_\_\_\_ Classification \_\_\_\_\_

**FEES:** First Hour \$ \_\_\_\_\_ **DEPOSIT:** Amount Rec'd \$ \_\_\_\_\_ Rec. # \_\_\_\_\_  
Hours Thereafter @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Date Received \_\_\_\_\_  
Set-Up Hours @ \$ \_\_\_\_\_ \$ \_\_\_\_\_ Received By \_\_\_\_\_

Cleaning/Damage Bond #2120 \$ \_\_\_\_\_

Kitchen (Community Center Only) \$ \_\_\_\_\_

BBQ-TC \_\_\_ AV-CC \_\_\_ \$ \_\_\_\_\_

City of Duarte Insurance #2123 \$ \_\_\_\_\_

Insurance Application Fee #100-5004 \$ \_\_\_\_\_

Miscellaneous/Optional Cleaning Charges:  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

**BALANCE \$** \_\_\_\_\_ **Due Date:** \_\_\_\_\_  
**DUE:** \* A 10% charge per day of unpaid balance will be assessed if fees are not paid by above due date.

**BALANCE** Amount Rec'd \$ \_\_\_\_\_ Rec. # \_\_\_\_\_  
**PAID:**

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Insurance verified: \_\_\_\_\_

If alcohol is being sold,  
has a permit been obtained: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Director, Parks and Recreation Department  
or Authorized Designate