# COMMUNITY CENTER RESERVATION APPLICATION

BRISBANE PARKS & RECREATION DEPARTMENT
50 PARK PLACE, BRISBANE, CA 94005
FOR RESERVATIONS 415 / 508-2143
NON-EMERGENCY CITY ASSISTANCE 415 / 467-1212

ALL CHECK PAYMENTS MUST BE PAYABLE TO: **CITY OF BRISBANE**

**1. CONTACT INFORMATION**

Organization:_____

**Applicant(s)/Responsible Party**:_____

Primary Phone:_____ Secondary Phone:_____
(please circle: cell / home / work) (please circle: cell / home / work)

Address:_____

City*:_____ St_____ Zip _____ Home ____ or Work____
*(please provide proof of residence) (please check home or work)

Email:_____ CDL#:_____

**Day of Event Contact Person**:_____
(Contact person(s) must be present during set-up and clean-up times.)

Primary Phone:_____ Secondary Phone:_____

**2. EVENT**

Date:_____Day of Week:_____

Starting Time (*include time for set-up):* _____

Ending Time *(include time for clean up):* _____

Number of Organizers: _____

Number attending under 18 years old:_____18 - 20 years:_____21+ years:_____

**3.** State purpose of use or type of activity (meeting, wedding/reception, birthday party, bar mitzvah, fund raising, etc.)

_____

**4.** Describe the set up for your event (please be specific: food service, music/entertainment, musical instruments, sound amplifications, special signs, tents, booths, barbecues, stoves, games, etc.)

_____

_____

_____

_____

_____

(see other side)

**5.** **ALCOHOLIC BEVERAGES***

Will alcoholic beverages be **served**? Yes ☐ No ☐

If yes, times alcohol will be served: start time_____ end time_____

Will alcoholic beverages be **sold**? Yes ☐ No ☐

If selling alcohol, has you group obtained an Alcoholic Beverage Permit? Yes ☐ No ☐
(If yes, please attach a copy of permit.)
ABC permits may be obtained from:

The State of California Alcoholic Beverage Control Department
185 Berry Street
San Francisco, CA 94107
415 / 557-3660

*Full Liquor Liability: If liquor, beer or wine is available for consumption and money is transacted in any form (i.e. for donation, for a ticket, for a meal, for entry to the event, for the beverage) then full liquor liability premiums are to be charged.

**6.** **ADMISSION FEES AND SALES***

Will there be an admission fee or booth fee?: Yes ☐ No ☐
Will there be sales of novelties or goods?: Yes ☐ No ☐
Will there be sales of food?: Yes ☐ No ☐
(If yes, a Permit To Operate is required by the California Health and Safety Code. Applications can be obtained from the Brisbane Parks & Recreation Department 415 / 508-2140)
Does your group have a City of Brisbane License?: Yes ☐ No ☐

* Additional insurance is required for exhibitors, non-food sales concessionaires and food sales concessionaires. Contact Brisbane Parks & Recreation Department for more information.

**7.** I have read and understand the Rental of Indoor City Facilities Policy and Procedure and hereby agree to comply with its content. I understand that failure to observe these regulations or City, State or Federal law will result in cancellation of my event and forfeiture of all fees paid for the event.

_____

Applicant's Signature Date

## OFFICE USE ONLY

Received By:_____

Date:_____

Permit Number:_____

Permit Issued Date:_____

Cancellation - Date:_____

Business Lic. Req'd: Yes☐# No☐

County Health Permit: Yes☐# No☐

ABC License Req'd: Yes☐# No☐

Deposit: Amount: $_____
Date Paid:_____
Cr Card / Cash / Ck#:_____
Paid By:_____

Fee: Amount: $_____
Date Paid:_____
Cr Card / Cash / Ck#:_____
Paid By:_____

Insurance:
Personal: Carrier:_____
Policy#:_____
Exp. Date:_____
City: Cert #:_____
Date Issued:_____
Amount:$_____
Cr Card / Cash / Ck#:_____
Paid By:_____