

# MISSION BLUE 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

Entire Facility: \_\_\_\_\_ Dance Floor: \_\_\_\_\_ Carpeted Room: \_\_\_\_\_ Conference Room: \_\_\_\_\_

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.)

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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.)

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(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 your 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: \_\_\_\_\_

Deposit: Amount: \$ \_\_\_\_\_

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

Cr Card / Cash / Ck#: \_\_\_\_\_

Paid By: \_\_\_\_\_

Fee: Amount: \$ \_\_\_\_\_

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

Cr Card / Cash / Ck#: \_\_\_\_\_

Paid By: \_\_\_\_\_

Business Lic. Req'd: Yes # No

County Health Permit: Yes # No

ABC License Req'd: Yes # No

Insurance:

Personal: Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

City: Cert #: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

Cr Card / Cash / Ck#: \_\_\_\_\_

Paid By: \_\_\_\_\_