



# City of Shasta Lake

1525 Median St., Shasta Lake 530-275-7487

## Facility Use Application

### Visitor Center Meeting Room

Name of Applicant	Organization	Non-Profit <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach IRS Determination	Government Agency <input type="checkbox"/> No <input type="checkbox"/> Yes
Address	HomePhone	Business Phone	Cell Phone
Fees, Deposit & Insurance  Meeting Room (05-860) <input type="checkbox"/> No Fee <input type="checkbox"/>	Max.Occupancy 30	Date(s) Requested _____ Between hours of _____ and _____ Nature of Event _____ Estimated No. of Attendees _____ Will there be an admission charge? _____	
Will alcohol be served?*** Yes _____ No _____		If Yes, will alcohol be sold? Yes _____ No _____	

ANY NOISY CONGREGATION OF PARTICIPANTS OUTSIDE THE BUILDING WILL BRING A WARNING FROM THE SHERIFF'S OFFICE. THE SHERIFF HAS THE AUTHORITY TO CANCEL THE REMAINDER OF ANY EVENT WHICH CONTINUES TO VIOLATE THESE PROVISIONS. **ABSOLUTELY NO CONFETTI** allowed in Meeting Room.

\_\_\_\_\_ Initials of Applicant/Permittee

\* Event Insurance may be purchased through the City, or the Permittee may provide a Certificate of Insurance issued by his/her own carrier. The Certificate must provide for \$1 million in liability coverage and name the City of Shasta Lake as "Additional Insured".

\*\* The Cleaning Deposit is refundable if the facility is left in clean and orderly condition and any keys are returned to the City. (See the Cleaning Instructions attached).

\*\*\* An additional insurance premium and cleaning deposit may be charged for events where alcohol will be served. If alcohol is to be sold Permittee must obtain a permit from the local office of the Alcoholic Beverage Control Department at 1900 Churn Creek Rd, Redding.

For more information call Kathie Reid at (530) 275-7487 / (530) 209-9201.

Permittee and the participants in the activity for which this permit is granted (MAY) (MAY NOT) consume or possess alcoholic beverages in the above reserved facility during the use period covered by this application. If permission to consume and possess alcoholic beverages is granted then such permission is conditional and the permit may be revoked forthwith by the City of Shasta Lake for the violation of any law, rule or regulation relation to the consumption and possession of alcoholic beverages and or any other violation of the terms of the permit granted herein.

My signature certifies that I have read the conditions as set forth by the City of Shasta Lake governing the use of facility above; that I will take full responsibility for seeing that the use of these facilities is in full adherence and compliance with these conditions; that I will hold the City harmless from any damage incurred in the use of these facilities; that I will not discriminate against any person because of their race, religion, sex, national origin, or cultural background; that if there are any minors in the group using these facilities, I will accept responsibility for them throughout the period covered by this USE APPLICATION.

Date \_\_\_\_\_ Signature of Applicant/Permittee \_\_\_\_\_

For Office Use: (Receipts are to be Attached to Application)

Rental Fee Paid: Date \_\_\_\_\_ Amount \_\_\_\_\_ 05-860

Deposit Paid: Date \_\_\_\_\_ Amount \_\_\_\_\_ 05-860

Insurance Paid: Date \_\_\_\_\_ Amount \_\_\_\_\_ 05-255

Issued Facility Key# \_\_\_\_\_ Date \_\_\_\_\_ Date Key Returned \_\_\_\_\_

APPROVED

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