



City of Shasta Lake

Larry J. Farr Community Center Facility Use Application

Community Center
Rental Manager

530-275-7487

Email:
[CommunityCenterInfo@
cityofshastalake.org](mailto:CommunityCenterInfo@cityofshastalake.org)

4499 Main Street
Shasta Lake, CA

Name of Applicant	Organization	Non-Profit No Yes If Yes, attach IRS Determination	Government Agency No Yes
Address	City, State, Zip	Business Phone	Home / Cell Phone
Fees, Deposit & Insurance Main Hall (110-000-4760) \$ _____ Add'l Fees* (110-000-4760) \$ _____ Cleaning Deposit**(110-4760) \$ _____ Event Insurance*** (110-2155) \$ _____ Alcohol Premium**** (110-2155) \$ _____ TOTAL FEES \$ _____	Max. Occupancy 290 (refundable**) Will provide ins. _____	Date(s) Requested: _____ Between hours of _____ and _____ Nature of Event: _____ Estimated No. of Attendees: _____ Will there be an admission charge? Yes No	
Will alcohol be served?*** Yes No		If Yes, will alcohol be sold ? Yes No	

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 OR GLITTER** allowed in hall

_____ Initials of Applicant/Permittee.

* Entry day before event to place items in the building and for decorating the facility available at an additional cost. This is allowed between the hours of 4pm – 8pm.
 ** The Cleaning Deposit is refundable if the facility is left in a clean and orderly condition and any keys are returned to the City. (see the Cleaning Instructions attached) **Please allow 2 weeks after the event for the return of the cleaning deposit.**
 *** 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".
 **** 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 530-275-7487.

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 passion 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
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For Office Use: <i>(Receipts are to be Attached to Application)</i> Rental Fee Paid: Date _____ Amount _____ 110-4760 Deposit Paid: Date _____ Amount _____ 110-4760 Insurance Paid: Date _____ Amount _____ 110-2155 Issued Facility Key# _____ Date _____ Date Key Returned _____	APPROVED By: _____ Date: _____
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