



City of National City
Facility Use Application

1243 National City Blvd
National City, CA 91950
(619)336-4580
Fax (619)336-4594
After hours dispatch:
(619)336-4411

TO ALL APPLICANTS: It is strongly recommended that an applicant requesting use of City Facility attend the City Council meeting when the item is scheduled for consideration in order to answer any questions from the City Council.

Facility Requested: please circle

Martin Luther King Jr. Building
North Room South Room Entire Facility

Date(s) of Use: _____ Day(s) of Use: _____

Time of Use: From: _____ AM/PM To: _____ AM/PM – **INCLUDE SET-UP & CLEAN UP TIME**

Type of Function/Activity: _____ Is the event open to the public? _____

Name & Address of Organization/Group: _____

Non- profit organization: Yes No Tax ID # _____

Anticipated Maximum Attendance: _____ Percentage of National City Residents _____

Will Admission be charged? _____ Amount \$ _____ Will this be a Fund Raising Event? _____

Equipment Requested: _____ # of chairs _____ # of banquet tables _____ Stage

_____ Podium/Microphone

****PLEASE ATTACH SEATING DIAGRAM**

_____ Audio & Visual Equipment Required? (Please Specify)

Use of Kitchen: _____ Yes _____ No Use of Gas for Range and Oven: _____ Yes _____ No

Is the Use of Alcohol Requested? _____

Will other paid services be used (I. e, commercial caterer, DJ, Band, etc)? _____ Yes _____ No

Name: _____

Phone: _____

Name: _____

Phone: _____

How many times in the last twelve months have you requested to use a City Facility? __

It is expressly understood and agreed that the applicant assumes all risk for loss, damage, Liability, injury, cost or expense that may arise during or be caused in any way by such use or occupancy of the facilities of the City of National City and/or Community Services Department.

The applicant further agrees that in considerations of being permitted the use of the facilities agreed to, they will save and hold harmless the said City of National City, its officers, agents, employees and volunteers from any loss, claims, and liability damages, and/or injuries to persons and property that in any way may be caused by applicant's use or occupancy.

I, the undersigned, hereby certify to abide by the regulations governing said facility and agree to abide by all City of National City ordinances and facility rules and policies, and be representative of the user organizations. Further, I agree to be personally responsible for any damage/loss sustained by the ground, building, furniture or equipment or unusual clean up occurring through the occupancy of said facilities.

Application recognizes and understands that use of the City's facility may create a possessory interest subject to property taxation and that applicant may be subject to the payment of property taxes levied on such interest. Applicant further agrees to pay any and all property taxes, if any assessed during the use of the City's facility pursuant to sections 107 and 107.6 of the revenue and taxation code against applicant's possessory interest in the City's facility.

I CERTIFY THAT I HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS FOR THE FACILITY REQUESTED, AND I AGREE FOR MY ORGANIZATION/ GROUP TO CONFORM TO ALL OF ITS PROVISION.

DATE COMPLETED: _____

PRINT NAME: _____

SIGNATURE: _____

ADDRESS OF APPLICANT: _____

CITY, STATE, AND ZIP CODE: _____

PHONE: DAY _____ FAX NUMBER: _____

CONTACT PERSON ON THE DAY OF THE EVENT: _____

PHONE: () _____ CELL: () _____

HAVE YOUR COPY OF APPLICATION IN POSSESSION DURING USE

Please type or print clearly with a Ballpoint pen. Complete application must be submitted and payment submitted in advanced of the event.

Public Works Staff Only-

Rental Amount Received: _____ Receipt Number: _____
Deposit Amount: _____ Deposit/ Key Returned: _____
Check _____ Key issued: _____ YES _____ NO

**CITY OF NATIONAL CITY
PUBLIC PROPERTY USE HOLD HARMLESS
AND INDEMNIFICATION AGREEMENT**

Person requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which include the city, its officials, agents and employees named as additional insured and to sign the hold harmless agreement. Certificate of Insurance must be attached to this permit.

Organization: _____

Person in charge of activity: _____

Address: _____

Telephone: _____ E-Mail: _____

City Facilities and/ or property requested: _____

Date(s) of use: _____

HOLD HARMLESS AGREEMENT

As a condition of the issuance of a temporary use permit to conduct its activities On public or private property, the undersigned hereby agree(s) to defend, indemnify and hold harmless the City of National City and its officers, employees and agents from and against any and all claims, demands, costs, losses, liability or damages for any personal injury, death, or property damage, or both, or any litigation and other liability, including attorneys fees and the costs of litigation, arising out or related to the use of public property or the activity taken under the permit by the permit or its agents, employees or contractors.

Signature of applicant

Date

Certificate of Insurance Approved by _____
Name and Title

Monitoring Alcohol Consumption

Please describe your producers for monitoring alcohol consumption:

Organization must designate a person to ensure that alcohol is being served to persons 21 years of age or older. The designated alcohol server must also be 21 years of age or older.

Name: _____

Contact phone number the day of event: _____

YES NO Have you hired any Professional Security organization to handle Security arrangements for this event? If YES, please list:

Security Organization: _____

Security Organization Address:

Security Director (Name): _____ Phone: _____

SUMMARY OF CHARGES

Fees and Costs:

Service Clubs: \$100/month
Other Organizations: see prices below

Martin Luther King Jr. Community Center

<u>Activity</u>	<u>South Room</u>	<u>North Room</u>	<u>Entire Hall</u>
<u>Dining:</u>			
0-73	\$23.45/hr	-----	-----
0-149	-----	\$70.36/hr	-----
150-221	-----	\$87.95/hr	-----
222-294	-----	-----	\$117.26/hr
 <u>Dance/</u>			
<u>Assembly:</u>			
0-100	\$23.45/hr	-----	-----
101-157	\$29.32/hr	-----	-----
158-300	-----	\$70.36/hr	-----
301-472	-----	\$87.95/hr	-----
473-630	-----	-----	\$117.26/hr

Casa de Salud, El Toyon Recreation, Camacho Recreation & Kimball Recreation Center

\$23.45/hr

*Please note Camacho Gym falls under 801 Policy Fee

Kimball Senior Center

0-149 \$70.36/hr
151-221 \$87.97/hr

Kitchen: \$10.00/hr

\$50.00 Minimum – (only to be used in conjunction with the use of the hall)

\$60.00 Kitchen Deposit – (required, can not be waived, and refundable upon approval from Public Works staff)

\$22.00/hr. during working hours and \$35.00/hr. for overtime hours

_____ hrs Total\$ _____

Custodial charge shall be charges for set up, clean up and duration of event based on the events' estimated attendance as follows:

1-100 person	1hr. set up and 1hr. clean up
101-157	2hr. set up and 2hr. clean up
158-300	3hr. set up and 3hr. clean up
301-472	4hr. set up and 4hr. clean up
473-630	5hr. set up and 5hr. clean up

****PLEASE NOTE: ADDITIONAL CHARGE FOR TABLES AND CHAIRS \$1.00 PER TABLE, \$.75 PER CHAIR****

**Building use fee: \$50.00-required, non waivable and non-refundable
INSURANCE WILL BE REQUIRED, FOR ALL RENTALS.**