City of Ventura
Community Services Department
P.O. Box 99 • Ventura, California 93002 • (805) 658-4726

APPLICATION FOR FACILITY AND/OR EQUIPMENT USE

Facility or equipment requested	Days of Week	Date(s) (List each date separately)	Time		Total Hours
			From	To	

Purpose for which facility/equipment is requested _____
Name of group or organization _____
Name of applicant _____ Address _____
City _____ Zip _____ Phone (Bus.) _____ (Res.) _____
Will use be open to the general public? ❑ Yes ❑ No Estimated attendance _____ Will a fee be charged? ❑ Yes ❑ No
Does your group have liability insurance coverage? ❑ Yes ❑ No With whom? _____
Will food or beverage be sold? ❑ Yes ❑ No Will there be entertainment? ❑ Yes ❑ No What type? _____
Will alcohol be sold? ❑ Yes ❑ No Consumed? ❑ Yes ❑ No

SPECIAL ARRANGEMENTS/REQUESTS: _____

AGREEMENT STATEMENT (PLEASE READ CAREFULLY)

Permittee indemnifies, will defend (at CITY's request and with counsel satisfactory to CITY), and holds CITY harmless from and against any claim, action, damages, costs (including without limitation, attorney's fees), injuries, or liability, arising out of Permittee's acts, errors or omissions, negligence, or wrongful conduct (regardless of CITY's passive negligence, if any) in connection with this Permit. For purposes of this section "CITY" includes the City of San Buenaventura's officers, officials, employees, agents, representatives, and certified volunteers.

Organizers will need to supply an insurance certificate naming the City of San Buenaventura, its officers, employees, agents, and registered volunteers as additional insureds under the coverage afforded in the minimum amount of $500,000 dollars for each occurrence and $1,000,000 dollars aggregate for bodily injury and property damage. In addition, such insurance shall be primary and non-contributing with respect to any other insurance available to the City and shall include a severability of interest (cross-liability) clause. The certificate shall have an endorsement number or page and shall be filed in the Community Services Department at least five (5) days prior to the scheduled event.

If alcohol consumption has been approved as part of the permit process additional insurance may be required.

Signature of Applicant _____ Date _____
Staff Accepting Request _____ Date _____ Telephone _____

Permittee Category _____

OFFICE USE ONLY

FEES:
Application / Handling Fee .... = $_____
Staff Charge ..... = $_____
Facility Rental ..... = $_____
Equipment Rental ..... = $_____
Security Services ..... = $_____
Other / Insurance ..... = $_____
TOTAL FEES ..... = $_____

DEPOSITS:
Security/Alcohol ..... = $_____
Cleaning/Damage ..... = $_____
Other ..... = $_____
TOTAL DEPOSITS ..... = $_____

TOTAL CHARGES ..... = $_____

Recommendation: _____

Approved: ❑ Yes ❑ No

By _____ Date _____
Community Services Dept. Supervisor

In compliance with the Americans with Disabilities Act, this document is available in alternate formats by calling 805/658-4726 or 805/654-7788 (TDD).

Distribution: White - Office Yellow - Facility Pink - Applicant