



HAMMON SENIOR CENTER

APPLICATION PACKET

**ATTACHMENTS:
APPLICATION
HOLD HARMLESS WAIVER
USER RESPONSIBILITY CHECKLIST**



**1033 W. LAS PALMAS
(209) 895-8180**

***WE CREATE COMMUNITY THROUGH PEOPLE,
PARKS AND PROGRAMS.***



HAMMON SENIOR CENTER EVENTS APPLICATION

This application must be submitted for reservation requests of the Hammon Senior Center no later than 2 weeks prior to the date of the reservation. An approved certificate of liability insurance and endorsement must be received no later than the scheduled walk thru date. All event applications are subject to approval by the Recreation & Community Services Department.

Please print or type the information below and answer all areas as thoroughly as possible. If the information does not pertain to your activity, indicate not applicable

Name of Event: _____

Date of Event: _____

(May – Sept.) Open swim parking overflow accommodations may be necessary

Event Start Time: _____ Event End Time: _____

(Reservations only available based on hourly increments)

Set Up Time: _____ Tear Down Time: _____

Requested Room (s): _____

Applicants Name (s): _____ Date of Birth: _____

Address: _____ City _____ Zip _____

Email Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

Estimated Number of guests to attend: _____

Who is the target audience for the activity? _____

Will fees be charged to attend? _____ If yes, how much will be charged? _____

Do you have a Business License? _____ If yes, please attach to application.

Will a microphone be needed? _____ Will a podium be needed?: _____

Will you need to plug in an iPod/laptop/DVD/VHS? _____

Are there any additional needs you have or are planning on bringing yourself? _____



Insurance Certificate

A Certificate of Insurance in the amount of \$2 million with an endorsement naming the City of Patterson, its officers, employees, agents and volunteers as an additional insured is required.

Insurance Certificate is attached to this packet.

Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters or sponsors which are included as an Insured under your insurance policy?

Yes No If yes, provide their name, mailing address and type of service to your Event. Add additional pages as necessary.

FOOD & OTHER VENDORS- Business License & Inspections

Stanislaus County Requirements: Food vendors must contact Stanislaus Environmental County Health in advance of their event for required permits and guidelines. The event organizer shall obtain copies of food service licenses from food vendors prior to the event.

City of Patterson Requirements: In addition, all vendors' selling/providing food or other products must have a City of Patterson business license or Special Event Business License. These guidelines apply to all vendors participating in a Special Event located within the City of Patterson. Vendors are individuals/groups engaged in doing business.

- Every vendor shall have a valid City of Patterson Business License. One-time event fee is \$25.00.
- Businesses with a valid City of Patterson License are not required to obtain a second license for the event.
- Every vendor may be required to pay for an inspection fee. Fee is based on the extent of the inspection necessary:

FOOD SERVICE (County Food Permit, Business License and Inspections Required)

Event will include Food? Yes No Served Buffet Style

If yes,
On site cooking and food prep? Yes No
Being cooked on an open fire (Barbecue)? Yes No

(Separate license application required for each participating business, provide a separate list)

Copy of business license for each caterer/vendor is attached to this packet.

MUSIC

Will your Event have music? Yes No

If yes, what type of music? Live Music Disc Jockey Stereo/CD Player

Please describe _____

In which room do you plan on having music and where will the DJ/Band be set up? _____



ALCOHOL IS NOT PERMITTED AT ANY YOUTH CENTERED EVENT

ALCOHOL (Police Permit/Liquor Liability Insurance/ABC Guidelines Required)

Are you requesting that alcohol be served? **YES** **NO**

If yes, what type of Alcoholic Beverage: Beer Wine or Champagne Mixed Drinks or Full Bar

Will you have a caterer or vendor serve or sell the alcoholic beverage? **YES** **NO**

If yes, please provide the Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance.

If no, who will be serving alcohol? _____ Age? _____ Contact number? _____

From what locations will alcoholic beverages be served? **Kitchen or** **Table set up in Dining Room?**

The following are practices required to be in place to monitor and control the consumption of alcoholic beverages:

- Everyone must show identification to receive an alcoholic beverage.
- All beverages must be served from plastic cups.
- Alcoholic beverages must not be served to persons below the legal drinking age of 21.
- Server monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.
- The concession or bar is closed at least one hour prior to the end of the Event.

ALCOHOL: Serving alcohol is subject to approval pursuant to section 5-24 of the Municipal Code.

***FAILURE TO FOLLOW ALL OF THE RULES SURROUNDING ALCOHOL AT AN EVENT IS SUBJECT TO IMMEDIATE SHUT DOWN OF THE EVENT WITHOUT REFUND.**

SECURITY

Security may be required for your event. At that point security is a condition of your rental and although you are paying for security they are not only here to ensure the safety of your guests but also to protect the City's best interest.

Your event map will help to determine how many security guards will be required for your event if applicable. The general rule is one guard to each door and one guard by bar if alcohol is being served.

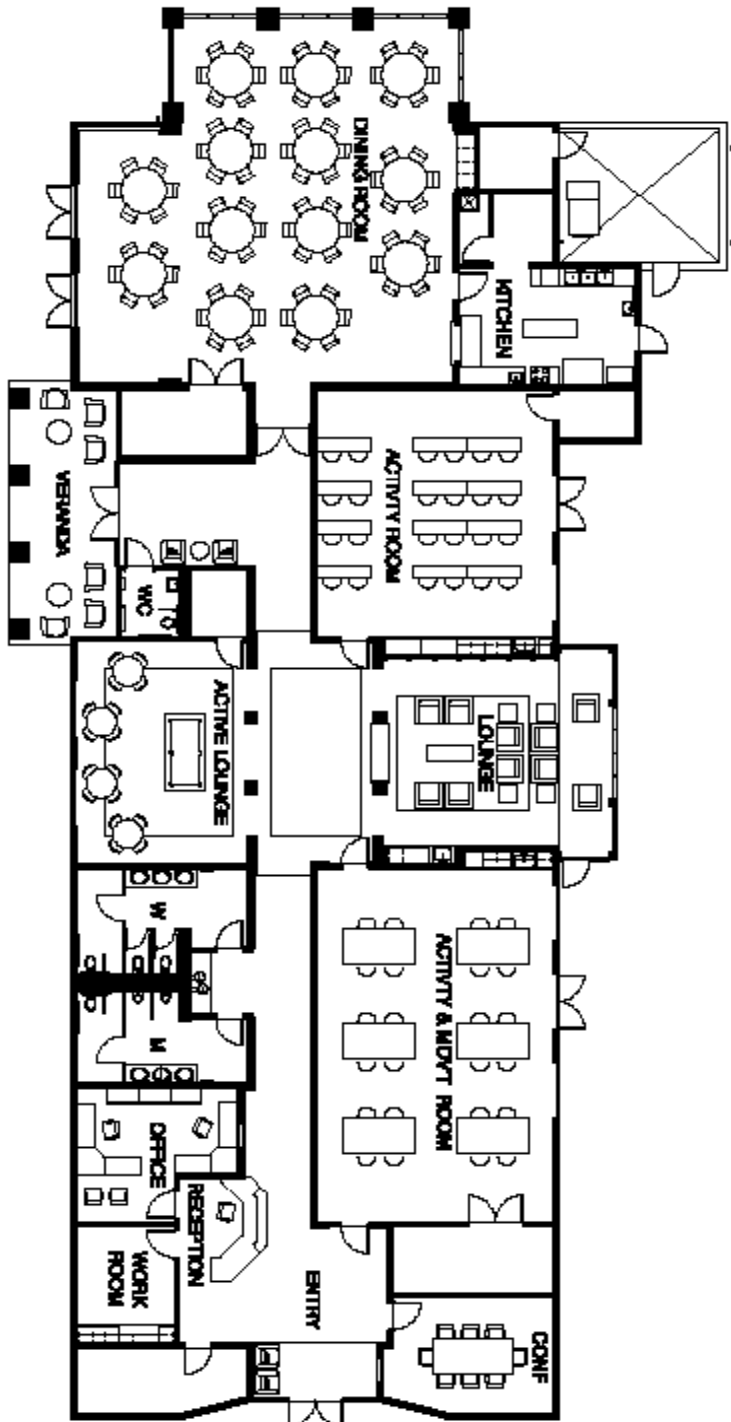
A list of approved security services can be found on the preferred vendor list attached to this packet.

Please provide a copy of the Security Company's contract.



EVENT MAP

This page includes the layout of the Hammon Senior Center. Please indicate on the map which rooms will be utilized for your event and the purpose for each room requested.



**** If additional parking is needed, vacant land near Ward Ave., closest to parking lot, will handle overflow. ****



FACILITY HOLD HARMLESS WAIVER

The undersigned agrees to indemnify, hold harmless and defend, the City of Patterson, its officials, employees, volunteers, agents and representatives against any and all claims or liabilities of any injury or death to any person or damage to property in any manner arising out of or incident to the performance of this agreement, including without limitations all consequential damage, whether or not resulting from the negligence of the undersigned or their agents or guests.

Applicant Signature

Date

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this application and the policies and procedures packet and fully understand its contents. I am aware that this is a contract between myself and the City of Patterson and I sign this application of my own free will.

Applicant Signature

Date

* * *

The City of Patterson Recreation & Community Services Department hopes you enjoy using our facilities. If you have any questions or concerns please call our office at 209-895-8080 during regular business hours, M-Th 8:00am to 6:00pm and Fri. 8:00am to 5:00pm. In case of emergency please dial 911. If you need assistance during the weekend please call our part-time staff at (209)495-2370.



HAMMON SENIOR CENTER
BEFORE AND AFTER RESERVATION CLEANUP CHECKLIST

City of Patterson
Recreation & Community Services Department
1033 W. Las Palmas Ave, Patterson, CA 95363

Contact #:

RENTAL APPLICANT: TYPE OF EVENT:
RENTAL DATE: RENTAL HOURS: ATTENDANCE:
WALK THRU DATE: WALK THRU TIME:
RESERVED/PAID FOR: ENTIRE FACILITY DINING ROOM W/KITCHEN DINING ROOM
CRAFT ROOM EXERCISE ROOM
ALCOHOL (SERVED/SOLD): YES/NO DJ/BAND: YES/NO
DEPOSIT ABC LICENSE INSURANCE
PAYMENT ALCOHOL PERMIT SECURITY CONTRACT
DUE DATE:

SPECIAL INSTRUCTIONS: (\$250 - \$500 DEPOSIT IS FOR CLEANUP & DAMAGES - CANNOT BE USED TOWARDS RENTAL FEES)
- DO NOT PERMIT EARLY ACCESS OR TO VACATE LATE (CHANGES IN HOURS REQUIRES PREAPPROVAL AND PAYMENT IN ADVANCE)
- DO NOT PERMIT ACCESS TO ROOMS NOT PREAPPROVED AND PAID FOR

BEFORE EVENT CHECKLIST: YES NO DAMAGE:
**If it is the entire facility, the WHOLE check list applies.
Dining: Floors, Chairs & Tables, Microwave, Audio System & TV Monitors & Piano, Center Island, Garbage Bags & Trash Can, AC & Heater, Window Curtains
Kitchen: Counters, Stove, Refrigerator, Freezer, & Ice Machine, Sink Disposal & Warmer Drain Water, Stainless Steel, Soap & Paper Towels Stocked, Trash Cans Clean
Craft: Tables & Chairs Set-Up, TV Monitor, Hand Towels & Soap Stocked, AC/Heater Working, Trash Can Clean
Exercise: Equipment in Place, Audio System, AC & Heater Working, Floor & Trash Can Clean, Chairs Set Up

EXISTING DAMAGES AND/OR CONDITIONS OF THE FACILITY AND EQUIPMENT:
Equipment Damages Facility Damages

Comments:

I HAVE READ AND AGREE TO COMPLY WITH THE CHECKLIST WHILE PERFORMING A WALK THROUGH OF THE FACILITY, AND ATTEST THAT THE INFORMATION AS REPORTED IS TRUE AND CORRECT.

SIGNATURE DATED

STAFF SIGNATURE STAFF DATED

AFTER EVENT CHECKLIST: YES NO DAMAGE:

****If it is the entire facility, the WHOLE check list applies.**

Dining:

- Floors _____
- Chairs & Tables _____
- Microwave _____
- Audio System & TV Monitors & Piano _____
- Center Island _____
- Garbage Bags & Trash Can _____
- AC & Heater _____
- Window Curtains _____

Kitchen:

- Counters _____
- Stove _____
- Refrigerator, Freezer, & Ice Machine _____
- Sink Disposal & Warmer Drain Water _____
- Stainless Steel _____
- Soap & Paper Towels Stocked _____
- Trash Cans Clean _____

Craft:

- Tables & Chairs Set-Up _____
- TV Monitor _____
- Hand Towels & Soap Stocked _____
- AC/Heater Working _____
- Trash Can Clean _____

Exercise:

- Equipment in Place _____
- Audio System _____
- AC & Heater Working _____
- Floor & Trash Can Clean _____
- Chairs Set Up _____

RENTAL OVERTIME:

- Renter accessed facility at _____ AM / _____ PM.
- Renter left facility at _____ AM / _____ PM
- Rental did not vacate the premises until _____ AM / _____ PM.

NO CLEANUP PERFORMED:

RENTER VACATED THE PREMISES WITHOUT PERFORMING ANY CLEANUP OF THE FACILITY. DEPOSIT TO BE FORFEITED.

CLEANUP RATED AS: _____ SATISFACTORY _____ UNSATISFACTORY

Applicants should be advised of the status of their cleanup at the time they vacate the premises.

If "satisfactory" inform the applicant:

A check will be mailed to them within 30 days.

If "unsatisfactory" inform applicant the following:

- 1) The After Cleanup Checklist will be forwarded to the Director for review.
- 2) They will be given the opportunity to provide input before the Director makes a determination on the status of the Security Deposit and/or if additional fees should be charged.

NOTE ANY DAMAGES AND/OR UNSATISFACTORY CONDITIONS OF THE FACILITY AND EQUIPMENT:

Equipment Damages _____ Facility Damages _____

Use this space to provide specific information regarding any "poor/unclean conditions and damages" OR to provide any comments on the rental that you feel staff should beware of:

I HAVE READ AND AGREE TO COMPLY WITH THE CHECKLIST WHILE PERFORMING A WALK THROUGH OF THE FACILITY, AND ATTEST THAT THE INFORMATION AS REPORTED IS TRUE AND CORRECT.

SIGNATURE

DATED

STAFF SIGNATURE

STAFF DATED