



HAMMON SENIOR CENTER FACILITY APPLICATION

Hammon Senior Center
1033 W. Las Palmas Ave
Patterson, CA 95363
(209) 895-8180

ALL FACILITY RESERVATIONS REQUIRE INSURANCE

Name Date:

Address Date of Birth:

City State Zip Code Contact Mobile:

Email Mobile Carrier:

Alternate Contact:

- Private Event Non-Profit (Must meet 501c (3) qualifications with valid documentation)

Organization Name:

Name of Event:

Type of Event: Event Size: (Estimated People Attending) Total Hours:

Event Date: Event Start Time: Event End Time:
Include Setup Time *Include Cleanup Time*

Hammon Senior Center Facility and Rooms:

- Entire HSC Facility Dining Room Dining Room with Kitchen
 Exercise Room Craft Room Parking Lot (see diagram)

Who is your target audience for the event?

Will fees be charged to attend? Yes No If yes, how much will be charged?

Do you have a Business License? Yes No If yes, please attach to application.

Will a microphone be needed? Yes No Will a podium be needed? Yes No

Will you need to plug in an laptop, tablet, or cell phone? Yes No

Additional requests or facility planning:

Will you be serving alcohol at this event? Yes No

If yes, what type of alcoholic beverage? Beer Wine or Champagne Mixed Drinks or Full Bar

Food Service: Yes No Served Buffet Style

Any on site cooking or food prep? Yes No

Cooking on an open fire (BBQ)? Yes No

Will there be any food caterer or vendors? Yes No

If yes, copy of business license needs to be attached for each caterer or vendors.

Will the event have music? Yes No If yes, what type of music? Live Music DJ Stereo/Laptop/Mobile

If entire facility, which room will have the music?

FACILITY FLOOR & PARKING LOT LAYOUT

Please select which room(s) will be reserved for your event:

Entire Facility

Exercise Room

Dining Room

Craft Room

Dining Room with Kitchen

Hammon Senior Center Parking Lot
(see diagram below and mark area of use)

1. Entrance/Exit off of Ward Avenue and W. Las Palmas Ave.

2. Please mark the areas in the parking lot for your event.

- a. Please mark traffic flow patterns
- b. Note locations of traffic cones/barriers
- c. Note tables, chairs, canopy or any other set-up

Kitchen

Dinning Room

Craft Room

Exercise Room

Hammon Senior Center Parking Lot

Hammon Senior Center

Insurance Requirements: **(All insurance document MUST be in original format, NO copies)**

General Liability Insurance and Endorsement are requirements (see sample):

- 1) \$1,000,000 General Liability Insurance and \$2,000,000 General Aggregate (see Policies & Procedures for Alcohol coverage).
- 2) "The City of Patterson, its officials, agents, employees, and volunteers" must be named on the Endorsement as Additional Insured.

HUB International Insurance website: www.eventinsure.com / email: specialevent@hubinternational.com

2300 Clayton Road, Suite 300

Concord, CA 94520

Phone: 925-609-6500

Fax: 925-609-6550

CA License # 0757776

Facility Information & Fees

(see Policies & Procedures for full amenities)

Entire Facility - Will include all room access (Dining room, Exercise Room, Craft Room, Lounge Room).

Dining Room with Kitchen - Main dining room with kitchen with maximum seating of 96

Dining Room - Main dining room with maximum seating of 96

Exercise Room - No food allowed, with maximum seating of 50

Craft Room - No food allowed, with maximum seating of 48

Fee Description	Fees
Security Deposit *	\$500 per facility room/\$1000 entire facility
HSC Facility Staff Fee	\$28 per hour, per staff (applies to all reservations, excludes entire facility booking)
Alcohol Permit	\$69 (must get final approval letter from Patterson Sheriff's Department)
Security Service if Alcohol Permit required	Provide Contract (must be a licensed & bonded in California to operate)

* **Security Deposit is refundable after final walk-thru**

User Group	Entire Facility	Dining Room	Dinning Room with Kitchen	Exercise Room	Craft Room
Non-Profit	\$60 an hour	\$20 an hour	\$30 an hour	\$15 an hour	\$10 an hour
Private	\$75 an hour	\$25 an hour	\$35 an hour	\$20 an hour	\$15 an hour

Reservation Policy

- 1) Reservation requests are made on a first come first reserve basis dependant upon facility availability.
- 2) All reservation requests can be made at the Recreation and Community Services Department through the Reservation Clerk.
(all request must be at least two (2) weeks before the event date)
- 3) All fees must be made in full at the time of reservation.
- 4) No changes will be made to the permit fourteen(14) business days before the scheduled reservation.
- 5) General liability insurance with an endorsement naming the City of Patterson as additional insured is required.
All insurance requirements must be met 6 (six) business days in advance of the event.
- 6) Deposit is required.
- 7) A request may be denied, or a permit cancelled, on the grounds that the applicant has previously had a Facility Use Permit revoked in the City of Patterson or another jurisdiction for violation of permit conditions, or failure to fulfill any use requirement by the established deadline, including, but not limited to, the payment of facility fees or extra fees.

Refund Policy

The following refund policy will be in effect regarding all park and recreation facilities available for reservation:

- 1) A group may cancel their reservation thirty (30) calendar days prior to the reservation; \$10 administration fee will be charged for all refunds.
- 2) A cancellation fee based upon 50% of all fees will be assessed if cancellation is made after thirty (30) days.
- 3) In the event the permit holder fails to appear for the scheduled use or cancels with less than five (5) days notice, no refund will be given.
- 4) A full refund or new reservation will be given for any cancellations due to inclement weather.

FAILURE TO ABIDE BY POLICIES & PRODURES WILL RESULT IN THE LOSS OF YOUR DEPOSIT.

FACILITY HOLD HARMLESS WAIVER

The undersigned agrees to indemnify and 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.

Signature

Date

COVID-19 Assumption of Risk and Waiver of Liability

By signing this agreement, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected with COVID-19 by participating in any activity or event at a City of Patterson facility, and that such exposure or infection may result in personal injury, illness, permanent disability, and /or death. I understand that the risk of becoming exposed to or infected with COVID-19 at any City of Patterson facility may result from the actions, omissions or negligence of myself and others, including, but not limited to, City of Patterson employees, volunteers and programs participants and their families.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this application 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 on my own free will.

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 the Recreation & Community Services Department at 209-895-8080 during regular business hours, Monday-Thursday 8am-6pm, Friday 8am-5pm. If you need assistance during the weekend or weekday evenings from 6pm-10pm, please call our part-time staff at 209-216-6368, or 911 in case of an emergency.

Office Use Only:		
<input type="checkbox"/> \$500 Room Deposit	<input type="checkbox"/> \$1000 Entire Facility Deposit	<input type="checkbox"/> Staffing Fee \$28.00 per hour, per staff
Approved: <input type="text"/>	Date: <input type="text"/>	