



CITY OF SAN JUAN CAPISTRANO
COMMUNITY SERVICES DEPARTMENT
FACILITY USE APPLICATION AND PERMIT
 25925 CAMINO DEL AVION, SAN JUAN CAPISTRANO, CA 92675
 P: 949-493-5911 F: 949-661-6660

Name of Organization: _____ Phone: _____

Name of Applicant: _____ Email: _____

Address: _____ Purpose of Use: _____

City: _____ State: _____ Zip Code: _____

Date(s) of Rental: _____ Day: (Circle One) Sun Mon Tues Wed Thu Fri Sat

Number of Rental Hours: _____ Number in Attendance: _____

Set-Up Time: Begin at _____ End at _____

Event Hours: Begin at _____ End at _____

Clean-Up Time: Begin at _____ End at _____

Is the activity open to the public? _____ Will there be a charge to attend? _____

BUILDINGS:

Community Hall Full 2/3 1/3 1/6
 Kitchen Porch Patio

Meeting Room Seats 30 with tables **Conference Room** - Table w/14 Chairs (can fit 30)

Lacouague **Lacouague Kitchen**

Nydegger **Nydegger Kitchen**

La Sala Auditorium Courtyard Foyer Kitchen

PARKS:

Descanso Park **Historic Town Center Park**

Los Rios Park **OTHER** _____

COOK PARK/LA NOVIA:

Picnic/BBQ Area Athletic Field

Green Belt

This reservation application permit is issued in accordance with the policies outlined in Administrative Policy No. 610. All reservation forms must be signed and returned along with all deposits before consideration of use approval. Submission of reservation application permit does not constitute approval. Applications require a minimum of 14 days to process prior to the proposed event.

In case of an emergency after business hours, please call: (949) 678-4084, (949) 678-4082 or (949) 493-1171

For Office Use Only

FEES:

Facility Rental _____ hours x \$ _____ /hour = \$ _____

Cleaning/Compliance Deposit = \$ _____

Liability Insurance = \$ _____

Liquor Permit = \$ _____

Kitchen = \$ _____

Patio/Porch /Other: _____ = \$ _____

Courtyard = \$ _____

Total = \$ _____

Date Received by Community Services Department: _____ By: _____ Book: _____ Computer Cal.: _____ Data: _____ Copies: _____

Authorized Signature: _____ Date: _____ Request: Approved Denied

Paid by: Check Amount _____

Check No. _____

Cash Amount _____

Credit Card: Please call Community Center.

Signature of Applicant _____ Date _____

(RENTAL MAY INCLUDE ADDITIONAL SPECIFIC CONDITIONS)

FACILITY USE PERMIT MUNICIPAL CODE REQUIREMENTS

1. Requests to use generators, tents, gazebos, Public Address System (P.A.), pony rides, bounces houses, or any portable structure must be included on the facility use application. Other permits may be required. Based upon the nature of the event, additional City staff may be imposed as a condition of approval. Any expense incurred as a result of conditional requirements shall be the responsibility of the applicant.
2. Renter is to ensure that the activity and/or the volume on the P.A. do not become disruptive to the businesses and residents neighboring the City buildings. Noise is prohibited after 9:00 p.m. Should an activity become disruptive to the neighborhood, renter will be asked to either turn down or turn off the volume on P.A. system. **Failure to comply will result in facility use cancellation and all fees will be forfeited by the renter.**
3. Nydegger Building: No live amplified music. Amplification is limited to "Public Address System", which consists of an integrated microphone, amplifier, and speaker sound system. **All amplification must remain indoors, with doors closed.**
4. No smoking/vaping in parks.
5. Library Courtyard
 - (1) No music during library hours.
 - (2) No use of amplification during library hours.
 - (3) Renter and guests must not use the library facility as part of their event.

EVENT CHECKLIST

(Check applicable boxes for your event)

AFTER THIS CHECKLIST IS SUBMITTED, WE WILL NOTIFY YOU AS TO WHICH ITEM(S) WILL BE APPROVED

<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	Amplified Music <i>DESCRIBE SOUND SYSTEM:</i>
<input type="checkbox"/>	Balloons
<input type="checkbox"/>	Portable Signs (maximum size: 5 sq. ft. 4'6" high)
	Requirements if needed <i>DESCRIBE WHAT TYPES OF SIGNS:</i>
<input type="checkbox"/>	Barbecue: <input type="checkbox"/> Gas <input type="checkbox"/> Charcoal
<input type="checkbox"/>	Bounce House Name of Company: _____
<input type="checkbox"/>	Candles <i>(Battery only)</i>
<input type="checkbox"/>	Canopy or Tent
<input type="checkbox"/>	Dance Floor
<input type="checkbox"/>	D.J.
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Food <i>DESCRIBE FOOD TYPES:</i>
<input type="checkbox"/>	Live Entertainment <i>DESCRIBE:</i>
<input type="checkbox"/>	Security Guard(s)
<input type="checkbox"/>	Stage
<input type="checkbox"/>	Other: <i>(DESCRIBE: ANYTHING NOT LISTED ABOVE)</i>
<input type="checkbox"/>	

NO AMPLIFICATION AT CITY PARKS PAST 5:00 P.M.

Signature: _____ Date: _____