

CITY OF SAN JUAN CAPISTRANO  
COMMUNITY SERVICES DEPARTMENT  
**FACILITY USE PERMIT**

25925 CAMINO DEL AVION, SAN JUAN CAPISTRANO, CA 92675  
TELEPHONE: 949-493-5911 FAX: (949) 234-4564

Name of Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Street Address City Zip Code

Purpose of Rental: \_\_\_\_\_

Description of Activities (Please include all activities): \_\_\_\_\_

<b>DATE(S) OF ACTIVITY:</b> _____ Check Day(s) Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Number of rental hours _____ Set-up Time: Begin at _____ End at _____ Event Hours: Begin at _____ End at _____ Clean-up Time: Begin at _____ End at _____ Number in Attendance: _____ Is activity open to the public? _____ Will there be a charge to attend? _____	<b>BUILDINGS:</b> <b>COMMUNITY HALL:</b> Full <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/6 <input type="checkbox"/> Kitchen <input type="checkbox"/> Porch <input type="checkbox"/> Patio <input type="checkbox"/> <input type="checkbox"/> <b>COURTYARD</b> <input type="checkbox"/> <b>MEETING ROOM</b> -Seats 30 w/tables <input type="checkbox"/> <b>CONFERENCE ROOM</b> -14 chairs/tables can be modified to seat 30 max-smaller chairs <b>OFF-SITE</b> <input type="checkbox"/> <b>Nydegger Building</b> <input type="checkbox"/> Kitchen <b>La Sala:</b> <input type="checkbox"/> Auditorium <input type="checkbox"/> Courtyard <input type="checkbox"/> Foyer <input type="checkbox"/> Kitchen	<b>PARKS:</b> <b>Cook Park/La Novia:</b> <input type="checkbox"/> Picnic/BBQ Area <input type="checkbox"/> Green Belt <input type="checkbox"/> Athletic Field <input type="checkbox"/> <b>Descanso Park</b> <input type="checkbox"/> <b>Historic Town Center Park</b> <input type="checkbox"/> <b>Los Rios Park</b> <input type="checkbox"/> <b>OTHER</b> _____
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**ALCOHOLIC BEVERAGE INFORMATION-NOT ALLOWED FOR PARK RENTALS**

Will alcoholic beverages be served at your activity? \_\_\_\_ Yes \_\_\_\_ No

Will alcoholic beverages be sold at your activity? \_\_\_\_ Yes \_\_\_\_ No

If alcoholic beverages are to be served or sold:

1. A liquor permit application form must be attached to this application (applies to **facility** use only).
2. Alcoholic beverages will be allowed on site only if a City-issued liquor permit has been issued for this activity.
3. Alcoholic beverages must be served by and served to persons 21 years of age and older.
4. When alcohol is to be sold, a photocopy of the Alcoholic Beverage Control license must be submitted to the City a minimum of seven (7) working days prior to the event.

**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. Permits require a minimum of fourteen (14) days to process.**

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

**PLEASE READ AND SIGN:**

1. I hereby certify that I understand the regulations related to renting City facilities. I certify that I, and the attendees of this activity, will abide by the City facility regulations.
2. I, the undersigned, hereby certify that I will be personally responsible for any damages to the facilities and/or equipment that occurs during the time of this activity.
3. I understand that I am responsible for the actions of attendees of this activity.
4. I hereby agree to indemnify and hold harmless the City of San Juan Capistrano and any of its officers, agents, employees, and/or volunteers from any liability, claim, or action or damages resulting or in any way arising out of this facility usage. I agree to provide liability insurance, a liability endorsement form, and security guard(s) for this rental, as the City may require.
5. I understand that a copy of the regulations related to renting City facilities is available to me upon my request, and it is my obligation to request this document.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

**FEES:**  
 Facility Rental \_\_\_\_\_ hours x \$ \_\_\_\_\_ /hour = \$ \_\_\_\_\_  
 Liquor Rental \_\_\_\_\_ = \$ \_\_\_\_\_  
 Cleaning/Compliance Deposit \_\_\_\_\_ = \$ \_\_\_\_\_  
 Liability Insurance \_\_\_\_\_ = \$ \_\_\_\_\_  
 Kitchen \_\_\_\_\_ = \$ \_\_\_\_\_  
 Patio/Porch/Other \_\_\_\_\_ = \$ \_\_\_\_\_  
 Electricity \_\_\_\_\_ /hours x \$ \_\_\_\_\_ /hour = \$ \_\_\_\_\_  
**Total = \$ \_\_\_\_\_**

**Special Activities Permit Required**

**Paid by:** Check Amount \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Cash Amount \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_

Expiration \_\_\_\_\_ V Code \_\_\_\_\_

Date Received by Community Services Department: \_\_\_\_\_ By: \_\_\_\_\_ Book: \_\_\_\_\_ Computer Cal.: \_\_\_\_\_ Date: \_\_\_\_\_ Copies \_\_\_\_\_

Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

**(PLEASE COMPLETE THE FOLLOWING PAGE)**

# FACILITY USE PERMIT MUNICIPAL CODE REQUIREMENTS

1. Requests to use generators, tents, gazebos, public address system, pony rides, bounce 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. systems 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. Renter must submit a site plan depicting the proposed location of sound system and the direction of all speakers for City approval and revision.
4. 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.
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

- SPECIAL ACTIVITY PERMIT**  
 **Alcohol\*** see Special Activities Permit (SAP) Requirements if needed  
 **Amplified Music\*\*\***

*DESCRIBE SOUND SYSTEM:* \_\_\_\_\_

- Balloons**  
 **Portable Signs** (maximum size: 5 sq ft, 4' 6" high) see Special Activities Permit (SAP) Requirements if needed

*DESCRIBE WHAT TYPES OF SIGNS:* \_\_\_\_\_

- Barbecue:**     Gas     Charcoal     Wood  
 **Bounce House**    **Name of Company:** \_\_\_\_\_  
 **Candles**  
 **Canopy or Tent\***  
 **Catered\*\*** see Special Activities Permit (SAP) Requirements if needed  
 **Non-catered\*\*** see Special Activities Permit (SAP) Requirements if needed  
 **Dance Floor**  
 **D.J.\***  
 **Fencing (Temporary)\*** see Special Activities Permit (SAP) Requirements if needed  
 **Food**

*DESCRIBE FOOD TYPES:* \_\_\_\_\_

- Live Entertainment\*** see Special Activities Permit (SAP) Requirements if needed

*DESCRIBE:* \_\_\_\_\_

- Security\***  
 **Stage\***  
 **Other:** (DESCRIBE ANYTHING NOT LISTED ABOVE) \_\_\_\_\_

\*Special Activities Permit or Condition May Be Required By City and/or Other Agency(s)

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

**None of the Above**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_