

**CITY OF SAN JUAN CAPISTRANO
COMMUNITY SERVICES DEPARTMENT
25925 Camino Del Avion, San Juan Capistrano, CA 92675 / Telephone - 949-493-5911 / Fax - 949-661-6660
-REATA PARK & EVENT CENTER FACILITY USE PERMIT-**

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 THIRTY (30) days to process.

Name of Organization: _____ **Email:** _____

Name of Applicant: _____ **Phone:** _____

Street Address _____ **City** _____ **Zip** _____

Purpose of Rental: _____

Description of Activities (Please include all activities): _____

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

<p>DAY OF RENTAL:</p> <p>Sun Mon Tue Wed Thu Fri Sat</p> <p>Dates of Activity: _____</p> <p>Number of rental hours _____</p> <p>Set-up Time: Begin at _____ end at _____</p> <p>Event Hours: Begin at _____ end at _____</p> <p>Clean-up Time: Begin at _____ end at _____</p> <p>Number in Attendance: _____</p> <p>Is activity open to the public? _____</p> <p>Will there be a charge to attend? _____</p>	<p>EVENT CENTER : Interim Fees for San Juan Capistrano Residents & Non-Profit Groups</p> <p><input type="checkbox"/> up to 100 attendees</p> <p><input type="checkbox"/> 101-250 attendees</p> <p><input type="checkbox"/> 251-350 attendees</p> <p><input type="checkbox"/> 351-450 attendees</p> <p align="center">All rentals will require City permits OTHER FEES NOT INCLUDED IN RENTAL FEE</p> <p><input type="checkbox"/> Electricity \$12/hr.</p> <p><input type="checkbox"/> Park Monitor Required</p> <p><input type="checkbox"/> Liquor Permit-(requires Security Guard)</p> <p><input type="checkbox"/> Security Guard Required 1/75 attendees</p>	<p>WELCOME CENTER:</p> <p><input type="checkbox"/> EQUESTRIAN CORRAL – 24.83 /HR.</p> <p><input type="checkbox"/> SHELTER – 24.83 /HR.</p> <p>PLEASE NOTE RATES ARE DIFFERENT FOR THE FOLLOWING CATEGORIES:</p> <p><input type="checkbox"/> SJC Businesses</p> <p><input type="checkbox"/> Non SJC Residents</p> <p><input type="checkbox"/> Non SJC Businesses</p> <p><input type="checkbox"/> Non SJC Non-Profit</p> <p><input type="checkbox"/> Revenue-Generating Event</p> <p><input type="checkbox"/> SPECIAL ACTIVITY PERMIT REQUIRED</p>
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ALCOHOLIC BEVERAGE INFORMATION-AVAILABLE FOR LIMO BARN ONLY

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
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

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 occurring 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 my obligation to request this document.

Signature of Applicant _____ **Date** _____

(PLEASE COMPLETE NEXT PAGE)

For Office Use Only

<p>FEES:</p> <p>Event Center Rental _____ hours x \$ _____/hour = \$ _____</p> <p>Liquor Permit = \$ _____</p> <p>Cleaning/Compliance Deposit (Pavilion \$600)(other \$150) = \$ _____</p> <p>Liability Insurance = \$ _____</p> <p>Park Monitor = \$ _____</p> <p>Picnic Shelter: No.1 _____ No. 2 _____ = \$ _____</p> <p>Electricity _____ hours x \$12/hour = \$ _____</p> <p align="right">Total = \$ _____</p> <p>Date Received by Community Services Department: By: _____ Book: _____ Computer Cal.: _____ Data: _____ Copies: _____</p> <p>Request: _____ Approved _____ Denied _____</p> <p>Authorized Signature: _____ Date Approved/Denied: _____</p>	<p>Paid by: Check Amount _____</p> <p>Check No. _____</p> <p>Cash Amount _____</p> <p>Credit Card Number: _____</p> <p>Exp: _____ V Code: _____</p>
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FACILITY USE PERMIT MUNICIPAL CODE REQUIREMENTS

1. Requests to use generators, tents, gazebos, public address system, 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. systems do not become disruptive to the businesses and residents neighboring the City property. Noise is prohibited after dusk. 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. Reata Event Center Area: Amplified music is only permitted with Reata Event Use Permit. Amplification is limited to the Reata Event Center Area. All amplification must be concluded by dusk.
5. Restricted Sensitive Area
 - (1) No alcohol beyond sensitive area
 - (2) No smoking in the sensitive area
 - (3) Renter and guests must stay on the walking path in the sensitive area

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"/>	Display Flags
<input type="checkbox"/>	Portable Signs (maximum size: 5 sq. ft., & 4' 6" in height)*
<i>DESCRIBE WHAT TYPES OF SIGNS:</i> _____	

<input type="checkbox"/>	Barbecue: <input type="checkbox"/> Charcoal
<input type="checkbox"/>	Bounce House Name of Company: _____
<input type="checkbox"/>	Electronic Candles
<input type="checkbox"/>	Canopy or Tent*
<input type="checkbox"/>	Catered
<input type="checkbox"/>	Non-catered
<input type="checkbox"/>	Dance Floor
<input type="checkbox"/>	D.J.*
<input type="checkbox"/>	Portable Toilets
<input type="checkbox"/>	Food
<i>DESCRIBE FOOD TYPES:</i> _____	

<input type="checkbox"/>	Live Entertainment*
<i>DESCRIBE:</i> _____	

<input type="checkbox"/>	Security*
<input type="checkbox"/>	Stage*
<input type="checkbox"/>	Other: <i>(DESCRIBE ANYTHING NOT LISTED ABOVE)</i> _____

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

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 AMPLIFICATION AT REATA PARK AND EVENT CENTER MUST BE
 ENDED AN HOUR BEFORE DUSK

None of the Above

Signature: _____ **Date:** _____