

SPECIAL PERMITS & REQUIREMENTS <i>(Additional fees may apply)</i>		
Temporary Structures: Amusements <i>(Permits, fees)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO Arches <input type="checkbox"/> Yes <input type="checkbox"/> NO Inflatable / Bounce House <i>(Fee)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO Other <i>(specify: _____)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO	Signs/Decorations During Event: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Restrictions Apply)</i> Specify: _____	
Electrical Access at City Street / Park <i>(circle one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Requires Supplemental App + Permit)</i>	Street Banner Hanging: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(11th St. or Central Ave., Fee, restrictions apply)</i>	Indoor Audio/Visual Access: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Limited Availability, Fee may apply)</i> Specify: _____
Street Closure(s): <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Requires Supplemental Permit; Fee)</i>	Channel 26 to film event: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Limited Availability; additional fees apply)</i>	Water in containers exceeding 20 gal in capacity: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(City water not available; State Requirements Apply)</i>
Vehicle Permit(s): <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Limited & restricted access on park turf; Fee per vehicle)</i>	Animals At Event: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Strict Restrictions Apply)</i> List: _____	Additional City Services: <input type="checkbox"/> Yes <input type="checkbox"/> NO Specify: _____
CANCELLATION POLICY	INSURANCE REQUIREMENT	DEPOSIT REQUIREMENTS
I understand that upon receipt of the written cancellation request, the refund, if applicable, will be subject to the cancellation policy as written in the Facility Reservation Handbook. Initials: _____	I understand that unless otherwise stated, a Certificate of Insurance, naming the city of Tracy as "Additionally Insured" + Endorsement page is required: <ul style="list-style-type: none"> \$1,000,000 Per Occurrence General Liability Insurance \$2,000,000 Aggregate Initials: _____	I understand that the City of Tracy has established a sliding scale for security deposits for larger events conducted in City parks. The actual deposit required for a specific event is based upon an estimate of the number of individuals who will be attending the event or the type of facility that will be rented. Initials: _____
CITY SPONSORED EVENT?	EVENT DESCRIPTION	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MOU <i>Hosting City Department:</i> _____ <i>Department Contact:</i> _____	Please provide a brief, written description of the event and include any other event details that the City may need to know. Failure to disclose required information may result in permit denial or cancellation.	
<input type="checkbox"/> I am applying for a commercial business fee waiver to operate my business outside due to COVID-19.		

INDEMNITY, HOLD HARMLESS, AND DEFENSE AGREEMENT

Permitee shall indemnify, defend, and hold harmless the City of Tracy (including its elected officials, officers, agents, volunteers, and employees) from and against any and all claims, demands, damages, liabilities, costs, and expenses (including court costs and attorney's fees) resulting from or arising out of Permitee's performance of the activities permitted under the Permit to which this Agreement was required as part of the application process.

I declare that I am authorized to make this application and to agree to this Indemnity, Hold Harmless, and Defense Agreement, and, to the best of my knowledge and the belief, all the information given herein is true, accurate, and complete. I have read and understand the above Indemnity, Hold Harmless, and Defense Agreement and understand that if this application is approved, that this agreement shall be binding upon myself and the organization or group I represent.

By signing this Agreement, I ACKNOWLEDGE THAT I HAVE BEEN AFFORDED THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOOSING ADVISE ME, AND THAT I HAVE READ AND UNDERSTAND AND VOLUNTARILY AGREE TO THIS INDEMNITY, HOLD HARMLESS AND DEFENSE AGREEMENT.

Applicant Signature: _____

Date: _____