



Think Inside the Triangle

FACILITY USE & SPECIAL EVENT PERMIT APPLICATION

City of Tracy
Parks & Recreation Department
Community Facilities Division

333 Civic Center Plaza
Tracy, CA 95376

Telephone (209) 831-6201
Fax (209) 831-6218

APPLICANT INFORMATION (Please Print Clearly)		
Applicant Name:		Date of Birth: <small>(Must be 21 or over)</small>
Organization Name: <small>(Must have written authorization to act on behalf of the organization)</small>		
Contact Phone:	Work Phone:	
Cell Phone:	Email:	
Address/City/State/Zip:		
Day of Event Contact Person: <small>(Person who will meet City staff for check-in)</small>		Contact Person's Cell Phone:
EVENT INFORMATION (Please Print Clearly)		
Facility/Location:		Est. Attendance:
Event Date(s):		Event Title:
Event Websites (or Online Postings):		
Reservation (Rental) Times: _____ to _____ <small>(Include setup and clean up time.)</small>		Event Times: _____ to _____ <small>(Times attendees present)</small>
CLASSIFICATION OF EVENT (Check all that apply)		
Classification: <input type="checkbox"/> Non-Profit Organization / Place of Worship / School District / Government Agency <input type="checkbox"/> Private Citizen <input type="checkbox"/> Commercial Business		
Fundraiser: <input type="checkbox"/> YES <input type="checkbox"/> NO	Dancing: <input type="checkbox"/> YES <input type="checkbox"/> NO	Concessions: <input type="checkbox"/> YES <input type="checkbox"/> NO
Tickets/Admission: <input type="checkbox"/> YES (<input type="checkbox"/> Advance Sales; <input type="checkbox"/> On-Site Sales) <input type="checkbox"/> NO: FREE Event		
Participants: <input type="checkbox"/> Adults (18yrs +) <input type="checkbox"/> Teens (14-17yrs) <input type="checkbox"/> Children (0-13)		
EVENT DETAILS (Check all that apply)		
Type of Event: <input type="checkbox"/> Picnic <input type="checkbox"/> Party <input type="checkbox"/> Meeting <input type="checkbox"/> Sports Activity <input type="checkbox"/> Concert <input type="checkbox"/> Special Event <input type="checkbox"/> Free Speech		
Open to the Public: <input type="checkbox"/> YES: PUBLIC EVENT <small>(Must provide copy of any Flyers or Printed Ads)</small> <input type="checkbox"/> NO: BY INVITATION ONLY		
Food: <input type="checkbox"/> Food SERVED (<input type="checkbox"/> Prepared offsite; <input type="checkbox"/> Cooked/heated on-site) <input type="checkbox"/> NO FOOD <input type="checkbox"/> Food SOLD (<input type="checkbox"/> Prepared offsite; <input type="checkbox"/> Cooked/heated on-site)		<input type="checkbox"/> Health Permit required if both are true: • Food prepared/heated on-site • Food/drink given or sold to general public
Alcohol: <input type="checkbox"/> NO ALCOHOL <input type="checkbox"/> YES ALCOHOL (On Premises, Served, Consumed, or Sold) <small>(ALL events: Alcohol deposit + insurance liquor liability endorsement + City permit) (Public events/ticket sales: ABC license + 1 security guard per 100 quests)</small>		*Time alcohol available: _____ to _____ <small>(Maximum 6 hours; requires Council approval if on City Streets)</small>
Barbeque: <input type="checkbox"/> YES: Use Park BBQ <input type="checkbox"/> NO BBQ <input type="checkbox"/> Yes: Personal BBQ	Personal BBQ, Flat Top or Cooking Trailer: <input type="checkbox"/> YES: Dimensions: _____ Fuel Type: _____	Open Flame: <small>(e.g. birthday candles, cooking sterno, etc.)</small> <input type="checkbox"/> Yes (Open Flame Permit may be required; Fee) <input type="checkbox"/> NO
ENTERTAINMENT & EQUIPMENT		
Amplified Sound: <input type="checkbox"/> NO AMPLIFIED SOUND		<input type="checkbox"/> YES: <input type="checkbox"/> Requesting Microphone (Community Center Only) <input type="checkbox"/> DJ <input type="checkbox"/> Band/Live Instruments (City permit required for amplified sound.)
Power Source: <input type="checkbox"/> NO POWER NEEDED		Complete Supplemental Electricity/Generator Application if either of the following is YES: <input type="checkbox"/> YES: Premises Power (Not available at all parks.) <input type="checkbox"/> YES: Generator (Supplemental Permit required if output >10kw; Fee)
Tent/Canopy/Booth/Vendor: (Supplemental Application + Permit may be required.) <input type="checkbox"/> NO <input type="checkbox"/> Yes ~ Describe: Size _____ Quantity: _____		
Stages/Platforms: <input type="checkbox"/> NO STAGE/PLATFORM <input type="checkbox"/> City Mobile Stage <small>(Non-Profit Use Only; Fee)</small>		<input type="checkbox"/> Bring in Manufactured Stage: Size: ____ x ____ Height: ____ <small>(Requires Supplemental Application + Permit)</small>

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: _____ Street Banner Hanging: <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(11th St. or Central Ave., Fee, restrictions apply)</i>	
Electrical Access at City Street / Park <i>(circle one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Requires Supplemental App + Permit)</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>	
Vehicle Permit(s): <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(Limited & restricted access on park turf; Fee per vehicle)</i>	Water in containers exceeding 20 gal in capacity: <i>(City water not available; State Requirements Apply)</i> <input type="checkbox"/> Yes <input type="checkbox"/> NO	
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: _____

ACKNOWLEDGEMENT FORM

I, _____, have read and understood the policies and procedures contained in the City of Tracy Facility Reservation Handbook, and agree to abide by them. I understand that failure to adhere to these policies may result in forfeiture of the deposit and any fees that I have paid. I have retained a copy of the Handbook for my reference and will share the information contained in the Handbook with the individuals and/or organization that I represent.

In addition to the policies and procedures listed in this Handbook, all functions conducted on/in City facilities must abide by the Tracy Municipal Codes as listed in Sections 4.16 and 4.40. A complete list of Municipal Codes is located on the City of Tracy web site at www.cityoftracy.org

I understand that the City of Tracy cannot anticipate every situation that may occur, nor can it anticipate all questions regarding a particular policy and that the City reserves the right to amend these policies as necessary. I have clarified any questions I have regarding these policies prior to executing this Acknowledgement.

I understand that the City of Tracy has the right to stop all usage, cancel and/or revoke my Facility Use Permit, if a violation of the policies and procedures contained in the Handbook are made by me, another organization representative(s), or an event or meeting attendee.

Event Title Event Date

Printed name of facility user

Signature of facility user Today's Date

Name of organization (if applicable)