

FACILITY USE APPLICATION AND PERMIT

City of Marysville, 526 C Street, Marysville CA 95901

Phone: (530) 749-3902 / Fax: (530) 749-3991

Reservations may be preempted for City related Functions

PLEASE TYPE OR PRINT CLEARLY

EVENT

- 1. Name of Event: _____
- 2. Date and Time of Event: _____
- 3. Requested Facility: _____
- 4. Anticipated Attendance: _____
- 5. Is this event open to the public? **YES** **NO**

CONTACT INFORMATION

- 1. Contact Person: _____
- 2. Mailing Address: _____
City: _____ State: _____ Zip: _____
- 3. Work/Home Phone: _____ Cell Phone: _____
- 4. E-mail: _____

ALCOHOLIC BEVERAGES

- 1. Will alcoholic beverages be consumed or served? **YES** **NO**
- 2. Will alcoholic beverages be sold? **YES** **NO**
- 3. Vendor: _____ ABC Permit No. _____
Mailing Address: _____
Phone: _____

In making this for use of City Property, I acknowledge that all fees, including insurance, if required, shall be submitted no later than two weeks prior to the date of the event noted above, otherwise the event may be canceled. I further acknowledge that I have read and understand the rules governing the use of City property, I agree to abide by these rules and any special conditions of the permit and I will be present at the facility during the use of the property.

Signature Date

Permit: **APPROVED** **DENIED** Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

RENTAL FEES

Administrative Fee	\$ _____	(**Non-refundable reservation fee**)
Use Fee	\$ _____	
Electrical Fee	\$ _____	
Key Deposit	\$ _____	Refunded: _____
Clean-up Deposit	\$ _____	Refunded: _____
Other	\$ _____	
TOTAL	\$ _____	
Less Deposit	\$ _____	Date Paid: _____ Receipt #: _____
BALANCE DUE	\$ _____	Date Paid: _____ Receipt #: _____

DEPARTMENT REVIEW

	<i>Initials/Date</i>	<i>Recommendations:</i>
____ Police Chief	_____	_____
____ CD Director	_____	_____
____ Other	_____	_____