

EXHIBIT 1 FACILITY USE PERMIT APPLICATION



City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240
Telephone (760) 329-6411 x219 www.cityofdhs.org

FACILITY USE PERMIT APPLICATION For the Use of City Parks, Recreation and Community Facilities in Conjunction with Special Event permits

PLEASE READ RULES AND REGULATIONS

The City of Desert Hot Springs provides facilities for use by members of the public. Please respect the fact that these facilities are used by members of the public for various functions throughout the year. Therefore, it is essential that these facilities be kept clean and orderly.

*All reservations and applications must be submitted **45-days prior** to the date of the event.*

RENTER'S FULL RESPONSIBILITY: *The renter assumes full responsibility for the character, acts, and conduct of all persons admitted to the premises and for any/all damage to the facility.*

REQUESTED FACILITY:

- | | |
|---|--|
| <input type="checkbox"/> Carl May Community Center | <input type="checkbox"/> Mission Springs Park |
| <input type="checkbox"/> Wardman Park Swimming Pool | <input type="checkbox"/> Tedesco Park |
| <input type="checkbox"/> Wardman Park Tennis Courts | <input checked="" type="checkbox"/> Henry V. Lozano Community Center |
| <input type="checkbox"/> Wardman Park | <input type="checkbox"/> Rotary Park |
| <input type="checkbox"/> Veteran's Memorial Park | <input type="checkbox"/> Hot Springs Park |
| <input type="checkbox"/> Constitution Park | <input type="checkbox"/> Furbee Swimming Pool |
| <input type="checkbox"/> Frank Hodge Skate Park | |

Name of Applicant: UCR Master Gardener - Requita Grant CCAC

Address: 14080 Palm Drive Suite D172

Desert Hot Springs, CA 92240

Home Phone: _____ Work Phone: _____ Mobile Phone: 562-448-2776

E-Mail Address: edxpressionism@gmail.com

Drivers License #: _____ (a copy will be required for attachment to application)

Organization (if applicable): _____

Type of Organization: ☐ Profit ☒ Non-Profit (include certificate)

Activity Date(s): March 30, April 27, May 25, September 28, October 26, November 30, December 28

Time From: 1:00 ☐ AM ☒ PM Time To: 2:00 ☐ AM ☒ PM

Purpose of Facility Use(s): the purpose is to educate and bring awareness to desert gardening

Number of Participants: 14-30

OFFICE USE ONLY

Case No.	
Permit No.	
Rental Fee	
Deposit	
Total Fees:	
Check#/Cash/CC	
Approved/Denied	
Deposit Returned	

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4. an additional insured. Acceptable insurances shall be with an insurance with an AM Best rating no less than A:VII and an admitted carrier in the State of California.
5. FEES: BOUNCER: \$ 50.00 (the key for the electrical box can be picked up the Thursday before the event and must be returned the next working day).

RIGHT TO CHANGE RULES

THE CITY OF DESERT HOT SPRINGS RESERVES THE RIGHT, AT ANY TIME, TO MAKE CHANGES IN OR RESCIND ANYONE OR MORE OF THESE RULES AND REGULATIONS OR MAKE SUCH OTHER AND FURTHER RULES AND REGULATIONS AS IN THE CITY'S DISCRETION MAY, FROM TIME TO TIME, BE NECESSARY FOR THE SAFETY, CARE AND CLEANLINESS OF THE PREMISES.

AGREEMENT

I hereby certify that I (renter's name) Behalf of UCR Master Gardeners, am an authorized representative of said organization and that the information provided is true and correct. I will be responsible for any damage or unnecessary abuse of building or equipment on rental site premises. I agree to indemnify, defend and hold the City of Desert Hot Springs, its employees, officers, agents and volunteers harmless and free from liability of any nature arising from the use of City rental facilities including reimbursement of any legal fees incurred in the defense of such claims. I certify that I have read the Rules and Regulations of this form, and hereby agree to abide by all rules and enforce the same.

Reginald J. J.
Signature

3/14/2017
Date

For insurance, contact:

Allstate Insurance

14201 Palm Dr. #106
Desert Hot Springs, CA 92240
Phone: 760-329-2965
Fax: 760-329-7245

GLH Insurance

11924 Palm Dr. #1
Desert Hot Springs, CA 92240
Phone/Fax: 760-329-2539

B L & H Insurance Services

PO Box 250
Desert Hot Springs, CA 92240
Phone: 760-251-4764
Fax: 760-329-6999

Nancy Breeden Insurance

65935 Pierson Blvd. #A
Desert Hot Springs, CA 92240
Phone: 760-329-1754

BAF Insurance Services

18300 Kris Ave.
Desert Hot Springs, CA 92240
Phone: 760-251-2008

Qualified Retirement & Insurance Services

PO Box 250
Desert Hot Springs, CA 92240
Phone: 760-251-4764
Fax: 760-329-6999