

MISSION BLUE CENTER RESERVATION APPLICATION

BRISBANE PARKS & RECREATION DEPARTMENT
50 PARK PLACE, BRISBANE, CA 94005
FOR RESERVATIONS 415 / 508-2140
NON-EMERGENCY CITY ASSISTANCE 415 / 467-1212

ALL CHECK PAYMENTS MUST BE PAYABLE TO: **CITY OF BRISBANE**

1. CONTACT INFORMATION

Organization: _____

Applicant(s)/Responsible Party: _____

Primary Phone: _____ Secondary Phone: _____
(please circle: cell / home / work) (please circle: cell / home / work)

Address: _____

City*: _____ St _____ Zip _____ Home _____ or Work _____
*(please provide proof of residence) (please check home or work)

Email: _____

Day of Event Contact Person: _____
(Contact person(s) must be present during set-up and clean-up times.)

Primary Phone: _____ Secondary Phone: _____

2. EVENT

Entire Facility: _____ Dance Floor: _____ Carpeted Room: _____ Conference Room: _____

Date: _____ Day of Week: _____

Starting Time *(include time for set-up)*: _____

Ending Time *(include time for clean up)*: _____

Number of Organizers: _____

Number attending under 18 years old: _____ 18 & over: _____

3. State purpose of use or type of activity (meeting, wedding/reception, birthday party, bar mitzvah, fundraising, etc.)

4. Describe the set up for your event (please be specific: food service, music/entertainment, musical instruments, sound amplifications, special signs, tents, booths, barbecues, stoves, games, etc.)

(see other side)

5. ALCOHOLIC BEVERAGES*

Will alcoholic beverages be **served**? (please circle one) Yes No
If yes, times alcohol will be served: start time _____ end time _____

Will alcoholic beverages be **sold**? (please circle one) Yes No
If selling alcohol, has your group obtained an Alcoholic Beverage Permit? Yes No
(If yes, please attach a copy of permit.)

ABC permits may be obtained from:
The State of California Alcoholic Beverage Control Department
185 Berry Street
San Francisco, CA 94107
415 / 557-3660

*Full Liquor Liability: If liquor, beer or wine is available for consumption and money is transacted in any form (i.e. for donation, for a ticket, for a meal, for entry to the event, for the beverage) then full liquor liability premiums are to be charged.

6. ADMISSION FEES AND SALES*

Will there be an admission fee or booth fee?: Yes No
Will there be sales of novelties or goods?: Yes No
Will there be sales of food?: Yes No
(If yes, a Permit To Operate is required by the California Health and Safety Code. Applications can be obtained from the Brisbane Parks & Recreation Department 415 / 508-2140)
Does your group have a City of Brisbane License?: Yes No

* Additional insurance is required for exhibitors, non-food sales concessionaires and food sales concessionaires. Contact Brisbane Parks & Recreation Department for more information.

7. I have read and understand the Rental of Indoor City Facilities Policy and Procedure and hereby agree to comply with its content. I understand that failure to observe these regulations or City, State or Federal law will result in cancellation of my event and forfeiture of all fees paid for the event.

Applicant's Signature _____

Date _____

OFFICE USE ONLY

Received By: _____

Date: _____

Permit Number: _____

Permit Issued Date: _____

Cancellation - Date: _____

Deposit: Amount: \$ _____

Date Paid: _____

Cr Card / Cash / Ck#: _____

Paid By: _____

Fee: Amount: \$ _____

Date Paid: _____

Cr Card / Cash / Ck#: _____

Paid By: _____

Business Lic. Req'd: Yes # No

County Health Permit: Yes # No

ABC License Req'd: Yes # No

Insurance:

Personal: Carrier: _____

Policy#: _____

Exp. Date: _____

City: Cert #: _____

Date Issued: _____

Amount: \$ _____

Cr Card / Cash / Ck#: _____

Paid By: _____