



## FACILITY USE PERMIT APPLICATION

<b>Renter Information</b>	<i>Applicant Name (hereinafter "Renter"):</i>		<i>Today's Date:</i>		
	<i>Authorized Agent for Applicant: (may be the same as the applicant)</i>				
	<i>Phone:</i>		<i>Fax:</i>		<i>Email:</i>
	<i>Address:</i>		<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<b>Rental/Event Information</b>	<i>Facility Requested: (include room location if applicable)</i>		<i>Date(s) Requested:</i>		
	<i>Hours of Rental:</i> Begin: _____ End: _____		<i>Set-up Time to Begin:</i>	<i>Clean Up Time to End:</i>	
	<i>Type of event to be held (i.e. baby shower, birthday party, family reunion etc.):</i>			<i>Anticipated Attendance: (Required)</i>	
	<i># of Tables:</i> _____	<i>Ongoing Rental?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Participation Fee Charged?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Vendors?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, number attending: _____	
<b>Additional Event Information</b>	<p>For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Harrisonburg Parks and Recreation Department, see the attached <b><u>Facility Use Policy</u></b>.</p> <p>Should any of the services below be self provided, please write the word "SELF" on the blank line.</p> <p><b><i>Please check all that apply &amp; provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</i></b></p>				
	<input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only) <input type="checkbox"/> Music (Recorded) _____ <input type="checkbox"/> Music (Live) _____ <input type="checkbox"/> Amplifying Devices Or Loud Speakers _____ <input type="checkbox"/> Audio/Visual Equipment _____ <input type="checkbox"/> Catered Event _____ <input type="checkbox"/> Other _____				

<p style="text-align: center;"><b>Facility Rental Insurance Requirements</b></p>	<p><b>Applicant Name (Organization or Individual):</b> _____</p> <p><b>Insurance is required and must be submitted in advance for:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An ongoing rental permit</li> <li><input type="checkbox"/> Service(s) being provided by a third party/vendor (e.g. caterer, DJ, bounce house)</li> </ul> <p>Without limiting PERMIT APPLICANT’S indemnification of the CITY, and during the term of this Agreement, PERMIT RENTER shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and be with an insurer with an A.M Best rating of A- or better.</p> <p>Certificates or other evidence of coverage shall be delivered via email, fax or US mail.</p> <p style="text-align: right;"><b>City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801</b></p> <p><b>Certificate Holder must read:</b></p> <p>Such certificates or other evidence of coverage must be delivered prior to commencing performance under this Permit and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>					
	<p><b>Applicants are required to evidence the following Insurance to the City:</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u><i>Insurance Coverage Type</i></u></th> <th style="text-align: left;"><u><i>Limit of Liability Required</i></u></th> </tr> </thead> <tbody> <tr> <td><b>Commercial General Liability</b></td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> <tr> <td><b>Workers Compensation</b></td> <td>May be required of applicants with 3 or more employees.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured</li> <li>• Additional Insured Endorsement issued by the insurance company to show the Additional Insured addition was made to the policy.</li> <li>• The City of Harrisonburg reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Manager.</li> </ul>	<u><i>Insurance Coverage Type</i></u>	<u><i>Limit of Liability Required</i></u>	<b>Commercial General Liability</b>	Each Occurrence \$1,000,000 Aggregate \$2,000,000	<b>Workers Compensation</b>
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<b>Commercial General Liability</b>	Each Occurrence \$1,000,000 Aggregate \$2,000,000					
<b>Workers Compensation</b>	May be required of applicants with 3 or more employees.					
<p><b>If Applicant Does Not Have Insurance</b></p>	<p><b>Alternatively, Applicants may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City. Go to:</b></p> <ol style="list-style-type: none"> <li>1. <a href="https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx">https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx</a></li> <li>2. <b>Enter facility code: 4750-163</b></li> <li>3. <b>Describe event or activity from drop-down menu options</b></li> </ol>					

The undersigned hereby acknowledge that a copy of the **Facility Use Policy** containing the rules and regulations for use of facilities owned and/or managed by the City of Harrisonburg Parks and Recreation Department has been received and read. The undersigned understands and agrees to abide by these rules & regulations governing the use of the Facility being rented.

The undersigned person executing this Application on behalf of the Applicant represents and warrants that he/she has full authority to sign this Application on behalf of the applicant and that he/she has the authority to fully bind the Applicant to the terms and conditions set forth in this Application and the Facility Use Policy.

\_\_\_\_\_

Print Name of Authorized Signatory

\_\_\_\_\_

Date

\_\_\_\_\_

Sign Name of Authorized Signatory

\_\_\_\_\_

Title

**Internal Use only:**                      **Approved:**     YES     NO                      **Permit #** \_\_\_\_\_

Date Received: \_\_\_\_\_                      Date of Rental: \_\_\_\_\_                      Date Insurance Submitted: \_\_\_\_\_

Security Deposit: \_\_\_\_\_                      Rental Fee: \_\_\_\_\_                      Date Insurance Approved: \_\_\_\_\_

Fees Paid (circle one):    **Yes**    **No**

Insurance Compliance Documentation is Attached (circle one):    **Yes**    **No**

Facility Supervisor: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date: \_\_\_\_\_