



# City of Albany

## Recreation & Community Services Preliminary Rental Application

Approved  Denied Date: \_\_\_\_\_

Director of Recreation & Community Services

Date of Application: \_\_\_\_\_ Room(s) Requested: \_\_\_\_\_

Date(s): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Mon  Tue  Wed  Thur  Fri  Sat  Sun

One time Only  Daily  Weekly  Monthly

Regular Group Meetings:  1<sup>st</sup> week  2<sup>nd</sup> week  3<sup>rd</sup> week  4<sup>th</sup> week  5<sup>th</sup> week

Arrival Time  
(Set up, caterers, etc)  
\_\_\_\_\_AM/PM

Event Begins  
(Guests arrive)  
\_\_\_\_\_AM/PM

Event Ends  
(Guests leave)  
\_\_\_\_\_AM/PM

Departure Time  
(Room cleaned, leaving building)  
\_\_\_\_\_AM/PM

Applicant's Name/Person Responsible for Rental: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Organization Name: \_\_\_\_\_ State Non-Profit #: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Anticipated Attendance: Total: \_\_\_\_\_ # of Youth: \_\_\_\_\_ % of Albany Residents: \_\_\_\_\_

Equipment Needs: Type of Table:  5' Round # Needed: \_\_\_\_\_ (7-8 Chairs per table)

6' Rectangle # Needed: \_\_\_\_\_ (6 Chairs per table)

Chairs: # Needed: \_\_\_\_\_  Lectern  Sound/Mics Other: \_\_\_\_\_

Alcohol: Served?  Yes  No  
Sold?  Yes  No  
Type: \_\_\_\_\_

Are you selling tickets to exchange for alcohol?  Yes  No  
Is there an entrance fee that covers food/drink?  Yes  No  
Is your event open to the public?  Yes  No

Caterer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Live Music/Entertainment?  Yes  No  Band  DJ  Other: \_\_\_\_\_

I certify that the above information is accurate. I have read the rules and regulations pertaining to the use of the City of Albany's Recreation facilities (reverse side of application and have received a copy of the City of Albany Facility Rental Packet). (1) Permittee will be responsible for all injuries caused by such use. (2) Hours will be strictly observed and if time is extended beyond that specified, it is understood that additional charges may be necessary. (3) Permittee shall be responsible for reimbursing the City for any loss or damage to City property caused by such use. (4) In consideration of participation as specified at location shown on the above dates and times, Permittee does hereby release and hold harmless the City of Albany from any and all liability of claims for damage or injury to person or property of the undersigned due to Permittee's use of said facility, by reason of any act or omission by the City of Albany Recreation and Community Services Department, or any of its officers, agents or employees or the condition of its property.

Applicant Signature

Organization

Date

### Department Use Only

Liability Insurance Required:  Yes  No

Letter to Police Chief Required:  Yes  No

ABC License Required:  Yes  No

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

Room Set Up Sheet Received:  Yes  No

Application Fee Paid:  Yes  No

Rental Deposit: \_\_\_\_\_  Yes  No

City of Albany

Albany CBO

Private Non-Res

Private Resident

ASUD Activity

Resident Business

Non-Res Business

Notes: \_\_\_\_\_

### Preliminary Application Policies

1. Applicant understands that this is a preliminary application only. This application will be reviewed and approved or denied within 7 working days in writing based on the information provided on the reverse side of this document. Do **not** announce the date of activity until the application is approved.
2. **A \$35.00 non-refundable application fee and a \$\_\_\_\_\_ security/cleaning deposit is required.** If the rental is approved, your deposit will be returned upon successful completion of the activity. **If the reservation is cancelled prior to event your deposit will be forfeited.** The deposit will **not** be applied toward the rental fees. The deposit will be returned within 21 days after the activity unless there are deductions for extra clean up, additional time, or if damage to the facility or equipment occurs.
3. If the applicant wishes to cancel their event, a written cancellation form must be completed and returned to the Rental Coordinator. Rental fees will be returned according to the timeline and information that is specified in the rental packet. Transfer of dates will only be permitted a maximum of six (6) months in advance and at least one month prior to the new date.
4. Applicant understands that one hour after the end of the event must be reserved to allow for guests/applicant to remove all personal items, take down all decorations, and clean tables and kitchen area. If the program or clean up exceeds the stated time, or if set-up begins before the stated hour, the hourly rate is billed at 1.5 time for the additional time. **All rentals must end by 10:00 p.m. Sunday through Thursday and 12:00 midnight on Fridays and Saturdays.**
5. Applicant understands that Community Center Staff on duty will control the volume of music and that all music **must end by 10:00 p.m. on weekdays and 12:00 midnight on weekends.**
6. Applicant understands that **smoking is not allowed in any City of Albany buildings.**
7. Applicant understands that if alcohol is sold, Liability Insurance, Liquor Liability, an Alcoholic Beverage Control (A.B.C.) permit will be required and police department approval will be necessary. Submit request to sell alcohol letter to the Albany Chief of Police (510) 525-7300. After you have received permission from the Chief of Police and obtained a permit from A.B.C. you must present these documents to the Albany Recreation & Community Services Department. **Initials:**\_\_\_\_\_
8. Applicant understands that they, or an appointed representative, must be present at the beginning and must be present at the end of the rental time for a final inspection.
9. Applicant understands that the total rental fees must be paid at least 45 days in advance of the rental date. Late payments will be assessed an additional 20% of the balance of fees due. Rentals with an outstanding balance not paid by two weeks prior to the event are subject to cancellation. Any payments made less than 30 days prior to rental must be paid in cash or by money order. **Initials:**\_\_\_\_\_

I \_\_\_\_\_ have read and agree to meet the above outlined Policies and those contained in the official rental packet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Additional Information

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_