



Community Services Department
 140 East 12th Street, Suite B, National City, CA 91950
 Phone: (619) 336-4290 Fax: (619) 336-4292
communityservices@nationalcityca.gov
www.nationalcityca.gov

Facility Use Application

Applicant Information

Today's Date: _____ Organization: _____

Email: _____ Address: _____

City/State/Zip Code: _____ Phone: _____

1st Contact: _____ Title: _____ Phone: _____

2nd Contact: _____ Title: _____ Phone: _____

Activity/Equipment Information

Facility and Room Requested: _____

Description of Activity: _____

Expected Attendance: _____ Percentage of National City Residents: _____

Will admission be charged? Yes No Is this a fundraising event? Yes No

Equipment Needs: # of chairs _____ # of banquet tables _____ # of round tables _____

Audio & Visual Equipment Needed _____

Use of Stage: Yes No Use of Kitchen: Yes No Use of Range/Oven: Yes No

Describe services be used (e.g. caterer, DJ, band, security, etc.)?

Dates and Hours Requested:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Set-up							
Event Start							
Event End							
Clean-up							
Total Hours							

Insurance Requirements and Indemnification and Hold Harmless Agreement

Person's requesting use of City property, facilities or personnel are required to provide Commercial General Liability insurance coverage with limits of at least \$1,000,000 per occurrence/\$2,000,000 aggregate. The certificate of insurance must include a separate endorsement adding as additional insureds: "The City of National City, its elected officials, officers, agents, employees and volunteers". General aggregate limits must apply solely to the location. The location must be identified with specificity on the separate endorsement. The Certificate of Insurance must be attached to this Permit.

As a condition of the issuance of a temporary use permit to conduct its activities on public or private property, the undersigned hereby agree(s) to defend, indemnify and hold harmless the City Of National City and its officers, employees, agents and volunteers from and against any and all claims, demands, costs, losses, liability, or damages for any personal injury, death or property damage, or both, or any litigation and other liability, including attorneys fees and the cost of litigation, arising out of or related to the use of public property or to the activity taken under the permit by the permittee or its agents, employees or contractors.

I have read and completed the above form to the best of my knowledge. This facility use permit must be signed by someone within the organization with binding authority.

Signature: _____ Date: _____

Name: _____ Title: _____

City Staff Use Only

Received: Facility Use Application _____
Signed Indemnification and Hold Harmless _____
Certificate of Insurance _____
Copy of 501(c)(3) Status _____

Rental Fees Due: _____ Date Paid: _____

Community Services Approval of Application and Non-Profit Status:

Signature: _____ Date: _____

Name: _____ Title: _____

Risk Manager Approval of Insurance Certificate:

Signature: _____ Date: _____

Name: _____ Title: _____