



# FACILITY USE PERMIT

Lake Havasu City Aquatic/Recreation Division  
100 Park Avenue • Lake Havasu City, AZ 86403  
Phone: (928) 453 - 8686 FAX : (928) 453 - 1133

DATE RECEIVED:

Applicant: \_\_\_\_\_  
 (Group Name) \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 City Use     Govt Agency     Private     Commercial     Non-Profit  
 Date(s) of Use: \_\_\_\_\_ Start/End Time: \_\_\_\_\_  
 Description of Use: \_\_\_\_\_

Estimated number of attendees:	Youth _____	Adults _____
Will you implement a charge for the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will food be served?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you require use of sound equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does event require bar set up? <i>Relics &amp; Rods Hall Rental Charges Worksheet is needed for events offering alcohol</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you have merchandise for sale?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you have a Lake Havasu City business license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will your event have vendors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of anticipated vendors _____
Will vendors provide food/beverages?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sold <input type="checkbox"/> Free <input type="checkbox"/> Catered <input type="checkbox"/> Served <input type="checkbox"/>	
Do vendors have all permits/licenses with Mohave County Environmental Health Dept?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do vendors have a Lake Havasu City Temporary Business License?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

A completed vendor list must be submitted to the Aquatic/Recreation Office at least 72 hours before the use of a facility, which must include the following information for each vendor: Company Name, Doing Business As (DBA), Operator/Contact Name, Address, Phone Number, Owner's Name, Type of Business, Lake Havasu City Business License Number (Annual or Temporary), and Arizona State Transaction Privileged Number (TPT). Failure to provide a vendor list may result in the denial of a Facility Use Permit.

Please give a brief description to any "Yes" answers above:

*All applicants, vendors, and customers must abide by all local, state, and federal laws. This permit may be revoked by Lake Havasu City at any time.*

### Please check all applicable areas of use for your event:

Relics & Rods Hall <input type="checkbox"/>	Room 152 <input type="checkbox"/>	Room 153/154 <input type="checkbox"/>
1/2 hall (front/stage) <input type="checkbox"/>	Room 155/156 <input type="checkbox"/>	Jane Camlin <input type="checkbox"/>
1/2 hall (back/kitchen) <input type="checkbox"/>	Parking Lot Area <input type="checkbox"/>	Other <input type="checkbox"/> _____
Kitchen Area <input type="checkbox"/>		

To the fullest extent permitted by law, Applicant agrees to indemnify, defend, save, and hold harmless the City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees ("Indemnitee") for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) to which any Indemnitee may become subject, under any theory of liability ("Claims") to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Applicant, its officers, employees, agents, volunteers, customers, or any tier of subcontractor in connection with Applicant's work or services in the performance of this Agreement. This Indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation law or arising out of the failure of Service Provider to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. Service Provider agrees it will be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Total Due: \_\_\_\_\_ Cash/Check/Charge: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Room Set-up: Please indicate how you would like to have the room set-up.**

Horseshoe (U) Set-up with tables: How many people \_\_\_\_\_

Classroom Style with tables and chairs: How many people \_\_\_\_\_

Theatre Style (just chairs) : How many people \_\_\_\_\_

Head Table: Yes  No

TV/VCR/DVD is available in all meeting rooms.

Please supply any additional information, requests, or instructions: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

Applicant shall purchase and maintain General Liability Insurance in the minimum amount of \$1,000,000 for each occurrence/\$2,000,000 aggregate. The policy must provide coverage for bodily/personal injury, property damage, and broad form contractual liability. The policy must be endorsed to include Lake Havasu City, Arizona, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, employees, or contractors as named additional insureds with respect to claims arising out of the use of the facilities and contain a waiver of subrogation against the City. The City must be notified within ten business days of policy suspension, cancellation, and reduction in coverage or limits. Insurance coverage must be provided by an insurance company admitted to do business in Arizona and rated A-VII or better. Attach a copy of the General Liability Insurance Certificate to this application.

**FOR OFFICE USE ONLY**

	City Use	Govt Agency	Private Use	Comm-ercial	Non-Profit	
	4hr / 8hr	4hr / 8hr	4hr / 8hr	4hr / 8hr	4hr / 8hr	
Room 152	\$12 / \$25	\$23 / \$47	\$31 / \$63	\$37 / \$73	\$16 / \$32	<b>TOTAL</b>
Room 153/154	\$23 / \$46	\$43 / \$86	\$57 / \$115	\$69 / \$137	\$29 / \$57	<b>TOTAL</b>
Room 155/156	\$25 / \$50	\$47 / \$94	\$62 / \$125	\$75 / \$150	\$31 / \$62	<b>TOTAL</b>
Jane Camlin	\$25 / \$50	\$47 / \$94	\$62 / \$125	\$75 / \$150	\$31 / \$62	<b>TOTAL</b>
R&R Hall & Rooms	\$186 / \$373	\$349 / \$699	\$466 / \$932	\$559 / \$1,116	\$233 / \$466	<b>TOTAL</b>
R&R Full Hall	\$124 / \$248	\$233 / \$465	\$310 / \$621	\$372 / \$745	\$155 / \$310	<b>TOTAL</b>
R&R Half Hall	\$75 / \$149	\$140 / \$280	\$186 / \$373	\$224 / \$446	\$93 / \$186	<b>TOTAL</b>
Kitchen	\$17 / \$34	\$31 / \$63	\$41 / \$84	\$50 / \$97	\$21 / \$42	<b>TOTAL</b>
Parking Lot	\$62 / \$124	\$117 / \$233	\$156 / \$310	\$187 / \$373	\$78 / \$155	<b>TOTAL</b>

Account # for City Use Only \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

\$300 REFUNDABLE CLEANING DEPOSIT REQUIRED FOR ALL LARGE EVENTS IN RELICS & RODS HALL

*If offering alcohol, complete and submit the Relics & Rods Hall Rental Charges Worksheet.*