

## Oakland Parks and Recreation 250 Frank H. Ogawa Plaza, Suite 3330, Oakland, CA 94612



Office: (510) 238-3187; Facsimile: (510) 238-2397

## **Rental Application**

ATTENTION:		Date of Application:				
*RESIDENCY IS	DETERMINED ACCORDI	NG TO ADDRESS INDICATED ON	DRIVER'S LICENSE OR STATE IDENTIFI	CATION CARD. PHOTO ID	is REQUIRED. *	
Name of Business/Organia	zation:					
Business/Organization Ad	dress:					
Applicant Name		Street Address	City		Zip Code	
Applicant Mailing Addres	s:					
		Street Address	City		Zip Code	
Phone Number:	Fa	ax Number:	E-mail:			
Facility/Park Name:						
Event Information:						
Date(s) of Event:						
			to		ut	
Type of Event/Purpose: (b BarMitsvah/BatMitzvah, etc.)	e specific, i.e., Weddin	g Reception, Meeting, Birth	hday Party, Banquet, Picnic, BBQ,	Walk, Run, Festival, I	Rally, Quinceanera,	
General Public Allowed:  Type of Equipment to be use	es □No Sou d: (i.e., musical ins	and Amplification: ☐ Yes truments, live band, cd	□No Non-Ampli player, amplifiers, microphon	fied Sound: ☐ Yes es, etc.)	□No	
Note: Charging admission, selli (PRAC) 60 days or more in adve		dise, or solicitation of mone	ry in any manner must be approved	l by the Parks and Rec	reation Advisory Commission	
Number of Participants (To	otal) Appro	ximate # of Adults	# of Teens # of Chil	dren/Infants	-	
Please provide below spec	ial accommodation	ons/requests for your ev	vent. If no special accommo	dations required, p	lease write NONE.	
Will you require a caterer for your event?  If yes, Name of Caterer:			□ Yes	□ Yes □No		
			*See Additional Permit Regulations			
RENTAL FEES (The mini	mum rental requiren	nent <u>and</u> deposit are requir	red when the facility of your choic	ce is reserved 31 days	or more in advance.)	
Non-Refundable Permit Proces -Picnic & Related Events: \$15 -Park Use//Building Rentals/S <sub>I</sub>	(50+) people	\$30:				
(1)x		-	(6) Kitchen		=	
(Hourly Rate) (# of hours (2)x		_	(7) Alcoholic B	Severage Fee	=	
(2)x(# of hours			(0) 4 7 1 1 1			
(3) Permit Processing Fee				tive Service Fee	=	
<ul><li>(4) Deposit</li><li>(5) Setup/Teardown</li></ul>	=	<del>_</del>	(9) Sound Use		=	
_			(10) Other Cha	_	=	
		num Payment of \$ provided the facility is left in	; BALANCE DUI n acceptable condition and the eve	E 30 DAYS BEFORE I nt goes as planned.)	EVENT: \$	
Please check payment types	Cash:	Check #:	Type of Credit Card: Vi (See attached Aut	isa or MasterCard: thorization for Credit C		
CANCELLATION FEE:	61 days or more no 31 to 60 days notic	more notice: Forfeit ½ Deposit  30 days to 11 days notice: Forfeit Deposit Plus ½ Rental Fee ays notice: Forfeit Deposit  10 days or less notice: Forfeit All Fees				
APPLICANT SIGNATU	RE		DAT	E		