

H266

City of Los Angeles  
DEPARTMENT OF RECREATION AND PARKS

FACILITY USE PERMIT

Permission is hereby granted for use of the recreation facility, on the date(s) and times indicated to:

Name of Organization: Central San Pedro NC		Type of Activity: Community Bingo	
Responsible Person (Name, Address and Phone No.) Claricza Ortiz 1840 S. Gaffey St. Box 212 San Pedro, CA 90731 (3100)489-1241		Date(s) of Activity: 1/12,2/9,3/9,4/13,2018	
		Time of Activity: 6:00pm-8:00pm	
Recreation Center: Anderson Memorial Center		Fees: (Refer to Schedule of Rates and Charges) Basic Room fee:\$250.00 Additional hours fee:\$200.00 Refreshment fee:\$10.00  <b>Total:\$460.00</b>	
Specific Facilities: Auditorium			
Type Name and Title of Official Issuing Permit: Deanne Dedmon, Recreation Supervisor		Signature: 	Date: 1/22/18
Carolyn James, Principal Recreation Supervisor II		Signature: 	Date: 1-25-18
This permit is issued with the understanding that the permittee will comply with the rules and regulations adopted by the Board of Recreation and Park Commissioners and the instructions of the Recreation Director in Charge. The permit must be given to the Recreation Director on its expiration date. <u>Payment must be made at every meeting.</u>			
<b>IMPORTANT: READ CAREFULLY</b>			
<ol style="list-style-type: none"> <li>Permits are not issued later than 10:30 p.m.</li> <li>The Department of Recreation and Parks is not responsible for accident, injury or loss of property.</li> <li>Permits are subjects to cancellation at the pleasure of the Board of Recreation and Park Commissioners.</li> <li>It is required that one adult be in attendance per every fifteen minors.</li> <li>In case of disagreement regarding interpretations of regulations governing the use of facilities of the Department, patrons are requested to conform to the instructions of Recreation Director in Charge and submit written report to the District Supervisor's office.</li> </ol>			
<b>RECREATION DIRECTOR'S REPORT</b>			
TIME GROUP LEFT BUILDING:	NO. PARTICIPANTS:	NO. SPECTATORS:	RECEIPT NO.:
			AMOUNT:
TRANSMITTAL NO:			
<b>Remarks: No alcoholic beverages permitted on premises.</b>			
Name of Recreation Director (Typed or Printed) Luke Euzaraga		Signature:	Date:

CA# \_\_\_\_\_ (Insurance verification)

PERMIT # H260

City of Los Angeles • Department of Recreation and Parks  
**APPLICATION FOR USE OF FACILITIES (THIS IS NOT A PERMIT)**

PERMITTEE MAY NOT PUBLICIZE THE EVENT UNTIL A PERMIT HAS BEEN ISSUED

PLEASE READ AND COMPLETE ITEMS 1 THRU 14 AND SIGN THE DOCUMENT (SIGNATURE OF APPLICANT)

1. Recreation Center Anderson Senior Center  
2. Name Of Organization Central San Pedro NC Representative's Name Clarice Ortiz  
4. Mailing Address 1840 S. Gaffey St. Box 212 City San Pedro Zip 90731  
5. Contact Evening (310) 489-1241 Cell (310) 489-1241 e-mail outreach@central San Pedro org  
6. Type of Event Community Bingo

Day(s)	Month/Date(s)	Time(s)
Sunday		to
Monday		to
Tuesday		to
Wednesday		to
Thursday		to
Friday	<u>January 12, 2018; February 9, 2018;</u>	<u>6 pm to 8 pm</u>
Saturday	<u>March 9, 2018; April 13, 2018</u>	to

8. Charging Fee(s)?  Yes  No \$ \_\_\_\_\_ Will food sales be conducted?  Yes  No No. Participants: Adult 30 Youth 15

9. Facilities/Services Requested (check all that apply):  
 Auditorium  Kitchen  Outdoor Area  Baseball Diamond # \_\_\_\_\_  Other \_\_\_\_\_  
 Gymnasium  Meeting Room  Utility Hookup  Picnic Area # \_\_\_\_\_  Field # \_\_\_\_\_

10. Is this a Fundraiser?  Yes  No Refreshments?  Yes  No Canopies/Tents?  Yes  No

11. Rental:  Yes  No  Chairs # \_\_\_\_\_  Tables # \_\_\_\_\_

12. Moon Bounce  Yes  No Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

13. Will you require electrical set-ups?  Yes  No Will you be erecting/assembling any structure?  Yes  No  
14. There is a possibility that this event may need insurance, please check with the Facility director

**HOLD HARMLESS/WAIVER OF DAMAGES**  
Permittee hereby expressly agrees on its behalf and that of its dependents, heirs, assigns and legal representatives: That the City of Los Angeles, its officers, agencies, employees and volunteers shall not be responsible or liable for any injury (physical or mental), death, damage, loss or expense (including legal costs and reasonable attorney fees) either to Permittee, its invitees, or either party's property incurred while Permittee is exercising the above permission or is engaged in activities related thereto.

**PERMITTEE HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE**  
Arising out of said activities. Permittee further agrees to indemnify and hold harmless the City, its officers, agencies, employees, and volunteers from all loss or liability, actual or alleged, that may arise from Permittee's conduct, either intentional or negligent, while participating in the above described activities. However, neither the waiver nor the indemnity agreement exempts the City or its officers, agencies, employees or volunteers from acts of gross negligence or willful misconduct.

**PERMITTEE HERBY REPRESENTS THAT:**  
Permittee is aware of the condition of the public premises and accepts the premises in their present condition. Permittee agrees to abide by all safety regulations. Permittee has carefully reviewed this document, understands its contents, and signs it voluntarily, without being subject to coercion.

THE SALE, SERVING AND CONSUMPTION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED. SOUND APPLIFYING SYSTEMS ARE PROHIBITED. (MC63.44)

I certify that all statements on this application are complete and correct.

Signature of Applicant/Permittee Clarice Ortiz Date 12/04/2017

**TO BE COMPLETED BY DIRECTOR IN CHARGE**

APPLICATION MUST BE FILLED OUT COMPLETELY, GIVEN IMMEDIATELY TO THE DISTRICT SUPERVISOR FOR APPROVAL WITH ALL FEES PAID IN FULL OR RESERVATIONS REQUIRE AN ADVANCE DEPOSIT OF 50% OF THE TOTAL FEES (PER RATES AND FEES MANUAL). ALL APPLICATIONS ARE TO BE SUBMITTED TO THE REGION OFFICE TWO WEEKS PRIOR TO EVENT. SPECIAL EVENTS WITH 200+ REQUIRES PRIOR APPROVAL BEFORE FEES ARE COLLECTED.

Facility is normally :  Open  Closed Staff Coverage Required:  Yes  No

Is Insurance Required :  Yes  No Multiple days used, activity involves risk, or large event/number of people. CAO # / Insurance verification Top of front page

Fees:  Regular Permit  Fee Generating Permit Group Exempt?  Yes  No If yes put group number \_\_\_\_\_ Proof of Non Profit status attached  Yes  No

Basic Room Fee (1st 3 hours) 4 hrs = \$ 250

No. Staff Needed x # of hours requested = Total Staff Hrs x Hourly Rate \$ = \$

Additional Hours Needed (Rates & Fees) 2 X Hourly Rate \$ 50 = \$ 200<sup>00</sup>

Additional Rooms (Rates & Fees) x \$ x \$ = \$

Use of Kitchen (Rates & Fees) = \$

Refreshment Fee (Rates & Fees) = \$ 10<sup>00</sup>

Field / Gymnasium Rental Fee Hours x \$ = \$

Picnic Reservation Fee:  1-50  51-100  101-200  201-400\*\*see note  201-400\*\*see note = \$

Non-Refundable Permit Fee (All picnic reservation and specific facilities) – (deposited into Regional Account) = \$

Picnic Maintenance Fee (MRP# ) = \$

Moon Bounce Fee (Special Fund) = \$

Rental:  Chairs # x \$  Tables # x \$ = \$

Utility Hookup Fee = \$

Clean-up Breakage Refundable Deposit Receipt No. \_\_\_\_\_ = \$

Other Charges (Explain) = \$

**TOTAL CHARGES:** = \$

LESS DEPOSIT: Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ = \$

Balance Due By: \_\_\_\_\_ **TOTAL:** = \$

Approval of Director In Charge \_\_\_\_\_ Date \_\_\_\_\_

Approval of District Supervisor \_\_\_\_\_ Date 1-5-18

Approval of Principal Recreation Supervisor \_\_\_\_\_ Date 1-11-18

Approval of Principal Maintenance Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\*\*Supervisor Please Note: For LARGE SPECIAL EVENTS (200 persons or more) notify Principal Supervisor and Superintendent.

Approval of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_