



City Hall Facility Use Application – Exhibit C

Instructions:

- 1) Reserve your event date prior to filling out this application.** To reserve date(s) call City Hall Event Services at (408) 535-1248. Once you have tentatively reserved a date(s), complete this application and return within 2 weeks. Tentative reservations will only be held for two weeks. Internal City Departments may check date availability through Outlook/Public Folders and email reservations to “Event Services”.
- 2) Submit all three pages of this application 30 days prior to your event along with the \$100 application fee. The non-refundable application fee will be applied to your rental. If the event is cancelled the application fee is not refundable:**
 FAX to: Event Services at 408-924-0650 or
 Mail to: Public Works Event Services, 200 E. Santa Clara Street, 1st Floor T116a, San Jose, CA 95113
Reservations are not confirmed until the City signs the contract and deposits are paid.
- 3) Following the submittal of your facility use application,** a Facility Use Agreement (contract), will be drafted and mailed to you for signature. Return the signed agreement in whole to the address above for approval along with your 50% deposit. When you receive a fully executed contract with City signatures you may announce and/or advertise your event.

Complete sections A - C

(Incomplete applications will be returned)

Section A

Person or Organization	Date of Application
Organization Type	<input type="checkbox"/> Non-profit (501(c) 3)* <input type="checkbox"/> Community/Neighborhood Association <input type="checkbox"/> Government Agency <input type="checkbox"/> Other
Event Contact Address	Home Phone _____ Work Phone _____ Cell Phone _____ Fax # _____
Email	

* Proof of non-profit status required.

Event Name	Co-Sponsors
Facilities Requested	<input type="checkbox"/> Rotunda (300pp/dining/dancing) <input type="checkbox"/> Rotunda Mezzanine (150 standing/100 din.) <input type="checkbox"/> Catering Pantry <input type="checkbox"/> Council Chambers <input type="checkbox"/> Committee Room(s) <input type="checkbox"/> West Plaza <input type="checkbox"/> East Plaza <input type="checkbox"/> South Plaza <input type="checkbox"/> other <input type="checkbox"/>
Event Type	Estimated Attendance (including staff) _____ Application will be approved for this number.
Start Date	End Date
Event Time (s)	Move-in time _____ Event/Meeting Start Time _____ Event end time _____ (10pm curfew) Time the space will be vacated _____ Must vacate by 11pm
Event Description	
Attach additional pages if necessary	_____
VIS CODE required	_____
For City Departments	_____

DECLARATION	
As the authorized representative of the applicant, I hereby declare that:	
1.	The information contained in this application and attachment(s) is true, complete and correct to the best of my knowledge.
2.	I hereby release and agree to hold harmless the City of San José, its employees, its agents, and contractors for and from liability and responsibility for any claim, loss or injury connected with the proposed event, except for loss or injury or death caused through the intentional acts or willful misconduct of City, its employees, agents or contractors.
Signature _____	Date _____
Print Name _____	Title _____

Section B

- YES NO
 Have you held this event at another facility?
Facility Name:
Contact:
 Is the event open to the public?
 Is the event ticketed or by invitation ?
 Will there be an admission fee?
Admission \$
 Will there be any food prepared, sold or served at the event? Note: Approved caterers required.
 Pre-prepared Prepared on site
 Will a caterer be used? **Only approved caterers from our list may be used.**
Caterer name: Telephone #
 Will there be any non-alcoholic beverages sold or distributed at the event?
Describe serving container:
 Will there be any alcoholic beverages (beer, wine or spirits), sold or distributed at the event?
Describe serving container:
 Will a beverage caterer be used?
Beverage Caterer name: Telephone #
 Will there be any equipment delivery/unloading for the event? You must be present to receive deliveries.

Please check equipment and fill in the amounts that you would like to rent for the City of San Jose. All equipment is setup by City staff for a fee.

- Wired Microphones # Wireless handheld microphones #
 Wireless lapel Mics. # Easels #
 LCD projector # Stage sections 6' x 8' x 2' -3' #
 tables-60" rounds # temporary electric power: #110/20 AMP
 tables-6' banquet # Podium
 chairs # fencing/barricades#
 portable sound system Signacades 23.5" x 3' A-frame #
 32" TV Monitors #
 Disposable trash containers for outdoor Events #
Yes No Will you have any guests or speakers with disabilities that will need access to a stage using a wheelchair lift? If yes, you will be required to rent a wheelchair lift. Other American's with Disabilities Act requirements may apply to your event.
 Will you be setting up other equipment?
 booths (size/number # Tents #
 Portable restrooms canopy (size/number #
 Will you be selling raffle tickets prior to or at the event?
 Will there be amplified sound (PA system or other noise generator) at the event?
 Will there be music at the event? Live Recorded
 Will there be open flames related with this event (votives, barbecues, propane fueled equipment)
 Will there be sales of any kind?
 Will there be special parking arrangements associated with this event?
Describe:
 Will there be a street closure associated with this event?
 Will there be traffic control associated with this event?
 Do you require any additional City services? 10 DAYS NOTICE REQUIRED
 IT Services (Internet, Telephone) Traffic Control Tow Zone
 Street Barricades Electrical Power
 Will there be any other activity connected to the event?
(Examples: live animal display, carnival rides) Describe activity:

Sample Schedule						
Date	Start Time	End Time	Location	Description	Activity	Comments
	8:00 am	11:00 am	Catering Pantry	Caterer load-in	Food preparation	
	10:00 am	11:00 am	Rotunda	Set-up	Table set-up and room preparation	
	11:30 am	12:00 pm	Rotunda	Doors open	Guests arrive, guest check-in	Musicians near entrance
	12:00 pm	1:30 pm	Rotunda	Event	Luncheon	Brief remarks at 12:15-12:20

Section C Must complete this section of application will not be accepted.

Event Name

Schedule of Activities (including set-up and tear-down)

Date	Start Time	End Time	Location	Description	Activity	Comments
				Move-in/Setup		
				Clean-up		

List vendors associated with your event:

Company Name	Contact	Telephone #