Use Application for City of Redding Parks

P O Box 496071, Redding, CA 96049-6071
Office Location: 777 Cypress Ave, City Hall 2nd Floor
(530) 225-4095 Fax: (530)225-4585
Email: info@reddingrecreation.org

Applicant(s) Information							
Pavilion/Gazebo Lake Redding	Kids Kingdom A B C D	BBQ Area Lake Redding	South Grove Caldwell Park	Oak Knoll Caldwell Park	Sculpture Park City Hall	Amphitheater River Park	Other:

Name/Responsible Party:		
Organization/Company Name:		
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	Fax:
Email:		
Alternate Contact Name:		
Cell Phone:	Home Phone:	Email:

Event Information			
Date of Event:	Event Start Time:	Event End Time:	Number of People to Attend:
Event Description:			

Will you be serving alcohol?	Yes	No	If yes, explain:
Will you be selling alcohol?	Yes	No	If yes, explain: *Please refer to the Alcohol Beverage Control website abc.ca.gov for more information on a license to sell.*
Will you be serving food?	Yes	No	If yes, explain:
Will you be selling food?	Yes	No	If yes, explain:
Will you require electricity?	Yes	No	If yes, explain:
Will there be amplified sound?	Yes	No	If yes, time amplified sound will be played and type of amplified: **Please refer to the Amplified Sound Restrictions under Rules and Regulations*
Is this event a fund raiser?	Yes	No	If yes, explain:

Effective 7/15/99: Per City of Redding Ordinance No. 2251- No person shall physically obstruct impede, hamper or refuse to vacate or otherwise interfere with any use authorized by the facility reservation permit issued pursuant to subdivision A of the section and displayed by the permit holder.
Permit holder/applicant: If someone refuses to vacate the area you have reserved, call Redding Police Department at **530-225-4564**.

Use Application for City of Redding Parks

P O Box 496071, Redding, CA 96049-6071
Office Location: 777 Cypress Ave, City Hall 2nd Floor
(530) 225-4095 Fax: (530)225-4585
Email: info@reddingrecreation.org

Agreement and Signature			
I hereby attest that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee of an activity will be allowed to commence. If a contract is issued, I agree that: 1) If any of the information contained in the application is found to be false; or 2) should my conduct, or the conduct of any participants or guests, not be as described in the application: or 3) should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, any contract issued shall automatically become null and void and any activity associated with this reservation will immediately cease and 4) forfeit all fees and deposits if it is determined that I have provided false information on the application. *I the undersigned representative have read the **rules and regulations** with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein is complete and accurate.*			
Print Name:			
Signature:		Date:	
Office Use Only			
Amount Paid:	Date:	Receipt #	Key Checked Out:
Deposit Amount Paid:	Date:		Key Returned:
Insurance Certificate: Yes No N/A	ABC License: Yes No N/A		Deposit Refunded: Yes No Date of Refund:
Note to Applicant:			

Department Approval Signatures				
Recreation Staff:		Date:		
Copy of Application Routed To:				
Calendared	Applicant	Parks	Park Host 224-4315	Risk