**FACILITY USE PERMIT**

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>Central San Pedro NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Person (Name, Address and Phone No.):</td>
<td>Claricza Ortiz 1840 S. Gaffey St. Box 212 San Pedro, CA 90731 (310)489-1241</td>
</tr>
<tr>
<td>Date(s) of Activity:</td>
<td>1/12, 2/9, 3/9, 4/13, 2018</td>
</tr>
<tr>
<td>Time of Activity:</td>
<td>6:00pm-8:00pm</td>
</tr>
<tr>
<td>Recreation Center:</td>
<td>Anderson Memorial Center</td>
</tr>
<tr>
<td>Specific Facilities:</td>
<td>Auditorium</td>
</tr>
<tr>
<td>Type of Activity:</td>
<td>Community Bingo</td>
</tr>
<tr>
<td>Total:</td>
<td>$460.00</td>
</tr>
</tbody>
</table>

**Fees:** (Refer to Schedule of Rates and Charges)
- Basic Room fee: $250.00
- Additional hours fee: $200.00
- Refreshment fee: $10.00

**Signature:** 

Deanne Dedmon, Recreation Supervisor  
Carolyn James, Principal Recreation Supervisor II

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. Payment must be made at every meeting.

**RECREATION DIRECTOR’S REPORT**

<table>
<thead>
<tr>
<th>TIME GROUP LEFT BUILDING</th>
<th>NO. PARTICIPANTS</th>
<th>NO. SPECTATORS</th>
<th>RECEIPT NO.</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

**Remarks:** No alcoholic beverages permitted on premises.

Name of Recreation Director (Typed or Printed)  
Signature:  
Date:

**R & P 17 (R. 1/86)/sh**
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
   Andrea Senior Center

2. Name Of Organization
   Central San Pedro NC

3. Representative's Name
   Clariza Ortiz

4. Mailing Address
   18405. Garvey St. Box 232
   San Pedro
   City
   Zip 90731

5. Contact
   Evening: (310) 489-1241
   Cell: (310) 489-1241

6. Type of Event
   Community Bingo

7. Date and Time of Event
   Day(s)                Month/Date(s)                Time(s)
   Sunday ___________________________ ___________________________ _______ to _______
   Monday ___________________________ ___________________________ _______ to _______
   Tuesday ___________________________ ___________________________ _______ to _______
   Wednesday ___________________________ ___________________________ _______ to _______
   Thursday ___________________________ ___________________________ _______ to _______
   Friday January 12, 2018; February 9, 2018; March 9, 2018; April 11, 2018 _______ to _______
   Saturday ___________________________ ___________________________ _______ to _______

8. Charging Fee(s)? □ Yes □ No ❌ $ ______ Will food sales be conducted? □ Yes □ No ❌ No. Participants: Adult 20 Youth 15

9. Facilities/Services Requested (check all that apply):
   □ Auditorium
   □ Kitchen
   □ Outdoor Area
   □ Baseball Diamond #____________
   □ Gymnasium
   □ Meeting Room
   □ Utility Hookup
   □ Picnic Area #____________
   □ Other #____________
   □ 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 HEREBY 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 APPLYSING SYSTEMS ARE PROHIBITED. (MC63.44)

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

Signature of Applicant/Permittee Clariza 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+ REQUIRE PRIOR APPROVAL BEFORE FEES ARE COLLECTED.

Facility is normally: [X] Open  [ ] Closed  Staff Coverage Required: [ ] Yes  [ ] No  CAO # / Insurance verification: [ ] Yes  [ ] No

is Insurance Required: [ ] Yes  [ ] No  Multiple days used, activity involves risk, or large event/number of people: [ ] Yes  [ ] No

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) $250

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

□ Additional Hours Needed (Rates & Fees) 2 x Hourly Rate = $200

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

□ Use of Kitchen (Rates & Fees) = $10

□ Refreshment Fee (Rates & Fees) = $

□ Field / Gymnasium Rental Fee = $

□ 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 TOTAL: = $

Balance Due By: Date

Approval of Director in Charge

Approval of District Supervisor

Approval of Principal Recreation Supervisor

Approval of Principal Maintenance Supervisor

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

Approval of Superintendent

Comments:

[Signature] Date

[Signature] Date

[Signature] Date

[Signature] Date