



## FACILITY USE PERMIT APPLICATION

Today's Date: 11/19/19

<b>Renter Information</b>	Applicant Name (hereinafter "Renter"): <u>Harrisonburg Downtown Renaissance</u>		Birthdate of Applicant: <u>2/22/77</u>	
	Authorized Agent for Renter: (may be the same as the applicant) <u>Andrea Dono / Erin Smith</u>			
	Phone: <u>540-432-8922</u>	Fax: <u>N/A</u>	Email: <u>events@harrisonburgva.gov</u>	
	Address: <u>217 S Liberty St #204</u>	City: <u>Hburg</u>	State: <u>VA</u>	Zip: <u>22801</u>
<b>Rental/Event Information</b>	Facility Requested: (include room location if applicable) <u>Turner Pavilion</u>		Date(s) Requested: <u>4/18/2020</u>	
	Hours of Rental: Begin: <u>3pm</u> End: <u>8pm</u>	Set-up Time to Begin: <u>Friday 4/17 after 6pm</u>	Clean Up Time to End: <u>10pm on 4/18</u>	
	Type of event to be held (i.e. meeting, baby shower, birthday party, family reunion etc.): <u>Rocktown Beer &amp; Music Festival</u>		Anticipated Attendance: (Required) <u>3,000 - 3,500</u>	
	# of Tables: <u>60-80</u>	Ongoing Rental? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Participation Fee Charged? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Vendors? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, number attending: <u>3-4 food</u>
<b>Additional Event Information</b>	For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Harrisonburg Parks and Recreation Department, see the attached <u>Facility Use Policies</u> .			
	Should any of the services below be self provided, please write the word "SELF" on the blank line. <b>Please check all that apply &amp; provide the name of the company and the contact information for the company providing these services on the corresponding blank line:</b>			
<input type="checkbox"/> Inflatable Device(s) _____ (Allowed in designated facilities only)				
<input type="checkbox"/> Music (Recorded) _____				
<input checked="" type="checkbox"/> Music (Live) <u>Southward Audio. Contact Erin Smith w/ quest.ans</u>				
<input checked="" type="checkbox"/> Amplifying Devices Or Loud Speakers _____				
<input type="checkbox"/> Audio/Visual Equipment _____				
<input type="checkbox"/> Catered Event _____				
<input checked="" type="checkbox"/> Other <u>ABC License + Special Event application</u>				



The undersigned hereby acknowledge that a copy of the ***Facility Use Policies*** containing the rules and regulations for use of facilities owned and/or managed by the City of Harrisonburg Parks and Recreation Department has been received and read, and understands and agrees to abide by these rules and regulations governing the use of the Facility being rented.

The undersigned person executing this Application on behalf of the Renter represents and warrants that he/she has full authority to sign this Application on behalf of the Renter and that he/she has the authority to fully bind the Renter to the terms and conditions set forth in this Application.

Erin Smith 11/19/2020  
 Print Name of Authorized Signatory Date  
EJSmith Events Manager  
 Sign Name of Authorized Signatory Title  
217 S Liberty St #204 Hburg VA 22801  
 Address City State Zip Code

<b>Facility Rental Insurance</b>	<p><b>Applicant Name or Permit Renter (Individual or Company):</b> _____</p> <p><b>Insurance is required and must be submitted in advance for:</b></p> <p><input type="checkbox"/> An ongoing rental permit</p> <p><input type="checkbox"/> Service(s) being provided by a third party/vendor (e.g. caterer, DJ, bounce house)</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT RENTER shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY.</p> <p>Certificates or other evidence of coverage shall be delivered via email, fax or US mail.</p> <p><b>Certificate Holder must read:</b></p> <p style="text-align: right;"><b>City of Harrisonburg 409 S. Main Street Harrisonburg, VA 22801</b></p> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>				
<b>Insurance Requirements</b>	<p><b>Renters are required to evidence the following Insurance to the City:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Insurance Coverage Type</u></td> <td style="text-align: left;"><u>Limit of Liability Required</u></td> </tr> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> </table> <ul style="list-style-type: none"> <li>All insurance policies evidenced to the City shall name the City of Harrisonburg as an Additional Insured and list the date and location of the event.</li> </ul> <p>If Renter does not have insurance, alternatively it may be obtained through a TULIP (Tenant User Liability Insurance Program). Contact Harrisonburg Parks and Recreation for more information.</p>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000
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Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000				

<b>Internal Use only:</b>		<b>Approved:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Permit #</b> _____
Date Received: _____	Date of Rental: _____	Date Insurance Submitted: _____		
Rental Fee: _____	Security Deposit: _____	Date Insurance Approved: _____		
Insurance Compliance Documentation is Attached (circle one): Yes No				
Facility Supervisor: _____		_____		
Signature		Date		

# FACILITY SALES RECEIPT



**Receipt #** 566347  
**Payment Date:** 11/20/2019  
**Household:** 14320

HARRISONBURG DOWNTOWN RENAISSANCE  
 217 SOUTH LIBERTY STREET  
 SUITE #204  
 HARRISONBURG VA 22801

Comm Activity Cntr  
 305 S. Dogwood Drive  
 Harrisonburg VA 22801  
 Phone: (540)433-2474 Ext: 2443  
[www.harrisonburgva.gov/parks-recreation](http://www.harrisonburgva.gov/parks-recreation)

**Reservation Details: Turner Pavilion, Turner Pavilion**

		<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Reserv. Contact:	<b>Harrisonburg Downtown Renaissance</b>	150.00	150.00	0.00	0.00	150.00
Phone Number:	<b>(540)432-8909</b>					
Reserv. Number:	28776					
Status:	Firm					
Purpose:	Rocktown Beer and Music Festival					
Anticipated Count:	3500					
Date(s):	Sat @ 3:00pm - 8:00pm: 4/18/20					
Special Questions:	Reservation Comments:					

No reservation is confirmed or guaranteed until a complete Facility Use Permit Application has been received, including all necessary payment and proof of insurance, and has been approved by the Facility Supervisor or designee.

Processed on 11/20/19 @ 9:04am by CEL

Total New Fees			150.00
Discount Applied			0.00
Total New Taxes			0.00
	<b>Total Due</b>		<b>150.00</b>
Total Fees Paid			0.00
Total Taxes Paid			0.00
	<b>Total Paid</b>		<b>0.00</b>
Balance From Receipt			150.00

**Household Balance Information**

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	150.00