

LEFTY GOMEZ

MONTARABAY

**APPLICATION FOR FACILITY USE**

Deposit Receipt No. \_\_\_\_\_

Date 9/16/2019

Rental Receipt No. \_\_\_\_\_

Send Check to: A or B

Rental Receipt No. \_\_\_\_\_

New Horizons CDC

Dr. Anthony Hodge or Latasha C.

A. Individual/Organization Name

B. Designated person in charge of activity

199 Parker Avenue

199 Parker Avenue

Street Address

Street Address

Rodeo CA 94572

Rodeo CA 94572

City/Zip Code

City/ Zip Code

510-799-2916 415-724-7931

510-799-2916 415-725-7442

Day Phone

Evening Phone

Day Phone

Evening Phone

Community Feeding Thanks - giving NOV. 15, 2019 Friday

Type of Event

Date(s) of the Event

10 am

4 pm

6

Entry Time

Departure Time

Total hours

Applicant(s) intends to (check all that apply):

- Serve alcohol to the general public
- Sell alcohol to the general public
- Serve food to the general public
- Sell food to the general public

**FACILITY REQUEST**

Applicant  will  will not clean facility before departure (check one)

Community Center (non-resident)	\$ _____
Community Center (resident)	\$ <u>35.00 x 6 = 210.00</u>
Kitchen	\$ _____
Ball Field	\$ _____
Ball Field Lights	\$ _____
Tennis Court Lights (Lefty Gomez)	\$ _____
Tennis Court Net (Lefty Gomez)	\$ _____
Meeting (3hr. max)	\$ _____

Staff Fee (Open/Close)	\$ <u>10.00</u>
Security Fee	\$ _____
Cleaning/Damage Deposit	\$ <u>200.00</u>
Alcoholic Beverage Fee	\$ _____
Alcoholic Deposit	\$ _____
Noise Disturbance Deposit	\$ _____
Extra Hours	\$ _____
Other	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ <u>420.00</u></b>

Fee Waiver Request. Thanks a Ton!

**Agreement**

My signature certifies that I have received and read, the Community Center Rules and Regulations; Community Center Rental Rates, Fees, Permits, and Insurance Requirements; and Community Center Renters Cleaning Guidelines; that I will take full responsibility for seeing that the use of these facilities/area by the organization/group I represent is in full, adherence and compliance with these conditions, that I will hold Contra Costa County, CSA R-10 and/or M-17 harmless from any damage, claim for damage for personal injury or death, damage to or loss of property, claims for damage to or loss of property incurred in the use of these facilities/area; that if there are any minors in the group using these facilities/are, I will accept full responsibility for them throughout the period covered by this application. The applicant's signature attests the parties' agreement hereto:

L. Chillo

Applicant's Signature

9/16/2019

Date

**FOR OFFICE USE ONLY**

Cash  Check # \_\_\_\_\_  Money Order# \_\_\_\_\_

Total Amount of Fees: \$ 420.00

Amount Paid: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

Date Balance Due: \_\_\_\_\_

**Additional Charges**

\$ \_\_\_\_\_ Cleaning  
\$ \_\_\_\_\_ Damages  
\$ \_\_\_\_\_ Security  
\$ \_\_\_\_\_ Extra Hrs  
= \_\_\_\_\_ Total Add'l charges

**Refunds**

\$ \_\_\_\_\_ Amount  
Refund check # \_\_\_\_\_  
Date of Refund \_\_\_\_\_

Application  Approved  Denied

By L. Chillo

Reason for Denial \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Security Confirmed?  Yes  No Date: \_\_\_\_\_

LEFTY GOMEZ       MONTARABAY

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Street Address

Rodeo CA 94572

City/Zip Code

510-799-2916      415-724-7931

Day Phone      Evening Phone

Dr. Anthony Hodge or Latasha Chillo

B. Designated person in charge of activity

199 Parker Avenue

Street Address

Rodeo CA 94572

City/Zip Code

510-799-2916      415-725-7142

Day Phone      Evening Phone

Christmas Food Basket / Toy Give-Away Friday

Type of Event      Date(s) of the Event

10am      4pm      6

Entry Time      Departure Time      Total hours

Applicant(s) intends to (check all that apply):

- Serve alcohol to the general public
- Sell alcohol to the general public
- Serve food to the general public
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Fee Waiver Request. Thanks a Ton!

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Latasha Chillo  
Applicant's Signature

9/16/2019  
Date

**FOR OFFICE USE ONLY**

Cash    Check # \_\_\_\_\_    Money Order# \_\_\_\_\_

Total Amount of Fees:    \$ 420.00

Amount Paid:                \$ \_\_\_\_\_

Balance Due:                 \$ \_\_\_\_\_

Date Balance Due:           \_\_\_\_\_

Application     Approved  
                          Denied

By Latasha Chillo

Reason for Denial \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Security Confirmed?  Yes    No   Date: \_\_\_\_\_

**Additional Charges**

**Refunds**

\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    =    \$ \_\_\_\_\_    Refund check # \_\_\_\_\_  
Cleaning    Damages    Security    Extra Hrs    Total Add'l charges    Amount    Date of Refund \_\_\_\_\_