

**City of Needles
Rules and Regulations Governing
City-Owned El Garces Facilities and Rooms
Application for Use**

Contact: Heidi Smith, 920 West Broadway
Phone: (760) 326-2660, [email:heidi@jerniganinsurance.com](mailto:heidi@jerniganinsurance.com)

Facility or Room Requested: _____ Today's Date/Time: _____

Date Requested: _____ Time Reserved: Begin: _____ End: _____

(Set-up and Take Down Time must be included)

Event Contact Person: _____ Group /Organization: _____

Address: _____ Email: _____ Home Telephone: _____

City/State: _____ Cell Phone: _____

Name(s) and Telephone Number(s) of Chaperone(s) if applicable (adult must be present at all times):

Type of Activity: _____ Number of People Expected: _____

Name of Band or D.J.: _____ Name of Caterer: _____

Beer: ___ Wine: ___ Champagne: ___ Spirituous Liquor: _____ Permit# _____ (include copy with application)

Set up Configuration: _____

List of Equipment being used for event: _____

Security Deposit: _____ Room Rental Fee: _____

Rent Total: _____ Rent Paid: _____ Balance Due: _____ **(14 days before use):** _____

Smoking anywhere inside the building is **prohibited**.

I hereby certify that I am the authorized and responsible representative of the petitioning group. The above statements are true to the best of my knowledge. I have read a copy of the policies governing the use of the facility, and agree that our group will comply with the rules and regulations, policies and fee schedule governing the use of the facility. I also agree that all rent and fees shall be paid by the above due date (14 days before scheduled event) or confirmed reservation shall become void.

Date: _____ Name (Print): _____

Signed: _____ (Identification Required)

Address: _____ Phone: _____

City/State: _____ 2nd Phone: _____

Approval of City Staff/Management: _____

Date: Security Deposit Fee Received: _____ Amount Received: _____ Check # _____

Date: Room Rental Fee Received: _____ Amount Received: _____ Check # _____

Date, Security Deposit Refunded: _____ Amount Refunded: _____ Check * _____

INSPECTION OF PREMISES PRIOR TO USE:

DATE AND TIME SCHEDULED: _____

INDIVIDUAL INSPECTING: _____ (verify I.D.)

CONTACT INFORMATION: _____

EXISTING DAMAGE

concurrency:

Print Name of Person Inspecting: _____ SIGNATURE: _____

INSPECTION AFTER EVENT

DATE AND TIME SCHEDULED: _____

INDIVIDUAL INSPECTING: _____ (verify I.D.)

CONTACT INFORMATION: _____

NEW DAMAGE NOT IDENTIFIED ABOVE

concurrency:

Print Name of Person Inspecting: _____ SIGNATURE: _____