



CITY OF DELANO  
 RECREATION DEPARTMENT  
 925 ELLINGTON STREET, DELANO, CA 93215  
 (661) 721-3335

**FACILITY REQUEST FORM FOR USE OF  
 LEONARD T. VELASCO TECHNOLOGY CENTER  
 140 W. 11<sup>TH</sup> AVENUE  
 DELANO, CA 93215**

The facility is not to be used for private social events such as weddings, birthday parties, funerals, dinners, dances, etc. Food, beverage and smoking are prohibited inside the building. \_\_\_\_\_ (Initials Required)

**RENTAL FEE**

- Training Room 1                      \$50/hour (Minimum 2 hours)
- Training Room 2                      \$50/hour (Minimum 2 hours)
- Conference Room                      \$100/hour (Minimum 2 hours)  
 (Phone Conferencing to be set-up by user) \_\_\_\_\_ Initial Required
- Mondopad                              \$50/hour (Minimum of 2 hours)  
     \$25.00 One-time set up fee

**Deposit:                                      \$100.00**

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**GENERAL INFORMATION (PLEASE PRINT)**

Primary Contact Person: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Organization (if applicable)/Renter (Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**EVENT INFORMATION (PLEASE PRINT)**

Date(s): \_\_\_\_\_ Time in Facility: From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m.

Estimated Attendance: \_\_\_\_\_

**DESCRIPTION OF EVENT/ACTIVITIES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**DEPOSITS:**

All deposits will be returned to the renter by mail within 30 days after the date of the event.

**ACKNOWLEDGEMENT:**

I hereby certify that I have read and understand all terms and conditions in the rules and regulations booklet regarding use of the facility that I am renting. I further agree to hold the City of Delano, its governing board, the individual members thereof, and all officers, agents, and employees free and harmless from any loss, damage, liability, costs or expenses that may arise during (or caused in any way) such use or occupancy of City property.

**RENTER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

|                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (MINIMUM RATE)  |
|---------------------------|------------------------------|-----------------------------|-----------------|
| TRAINING ROOM #1:         |                              |                             | <u>\$100.00</u> |
| TRAINING ROOM #2:         |                              |                             | <u>\$100.00</u> |
| CONFERENCE ROOM:          |                              |                             | <u>\$200.00</u> |
| MONDOPAD WITH SET-UP FEE: |                              |                             | <u>\$125.00</u> |

**LIABILITY INSURANCE:**

Provided their own on \_\_\_\_\_  Purchased through City's Insurance Carrier \$ \_\_\_\_\_

RENTAL RATE: \_\_\_\_\_

INSURANCE FEE: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**PAYMENTS:**

AMOUNT: \$ \_\_\_\_\_ RECEIPT: # \_\_\_\_\_ BALANCE DUE: \$ \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_ RECEIPT: # \_\_\_\_\_ BALANCE DUE: \$ \_\_\_\_\_

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AMOUNT: \$ \_\_\_\_\_ RECEIPT: # \_\_\_\_\_ BALANCE DUE: \$ \_\_\_\_\_

DEPOSIT RETURNED AMOUNT RETURNED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_



**INSURANCE AND PERMIT REQUIREMENTS**

ORGANIZATION (IF APPLICABLE)/RENTER (NAME): \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

**REQUIREMENTS:**

1. The items checked below are required for your rental at the Leonard T. Velasco Technology Center.
2. The Certificate of Insurance and necessary permits are due no later than 20 days prior to the event.
3. The Certificate of Insurance must be in the name of the person / organization who signed the permit. It must also clearly show the liability limits and policy dates to be valid.
4. A Homeowner's or Tenants Insurance Policy can usually provide insurance for your rental. Check with your insurance agent.
5. A Renter that is unable to secure an appropriate Certificate of Insurance will be required to purchase Special Event Liability Insurance from the City's insurance carrier. Contact the Recreation Department at (661) 721-3335 for more information.

**CHECKED ITEMS ARE REQUIRED FOR YOUR EVENT:**

\_\_\_\_\_ Certificate of Insurance for Commercial General Liability coverage for a minimum of:

|                                  |             |
|----------------------------------|-------------|
| Each Occurrence                  | \$1,000,000 |
| Medical Payments                 | \$ 5,000    |
| Personal and Advertising Injury  | \$1,000,000 |
| General Aggregate                | \$2,000,000 |
| Products/Completed Operations    |             |
| Aggregate                        | \$2,000,000 |
| Damage to Premises Rented to you | \$ 500,000  |

**The City of Delano, its officers, agents, employees, successors and assigns must be named as additional insured on the Certificate of Insurance.**

\_\_\_\_\_ Liquor Liability Endorsement. This is required on the Certificate of Insurance when the Renter provides alcoholic beverages. (Require Alcohol Permit and additional fee is alcohol being sold.)

6. If alcohol will be sold, the renter will need to do the following:
  - a. Obtain an approval letter from the Chief of Police to sell alcohol
  - b. Submit the letter to the California State Department of Alcoholic Beverage Control:  
 4800 Stockdale Hwy, Suite # 213  
 Bakersfield CA 93309  
 (661) 395-2731  
 BKF.Direct@abc.ca.gov

\_\_\_\_\_ Submit Proof of Alcohol Permit with this application

7. Your event will require the following number of security guards:

\_\_\_\_\_ Copy of Security Contract listing \_\_\_\_\_ number of security guards from \_\_\_\_\_ to \_\_\_\_\_ for the date of event.