



Parks and Recreation Department
 323 Church Street
 Santa Cruz, CA 95060
 Ph: 831-420-5270 Fax 831-420-5271
SantaCruzParksandRec.com

**USE APPLICATION FOR CITY PARKS
 INDOOR FACILITIES**

Park: _____ Room: _____

Date(s): _____

Set up time: _____ Event hours: *start* _____ *end* _____

Exit time: _____

Type of event: _____ Number of people expected: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell phone: _____

Fax #: _____

Email address: _____

Company/Organization (if applicable): _____

Non-Profit # _____

Please indicate the following:

<p style="text-align: center;">YES NO</p> <p>Will alcohol be <u>served</u>?</p> <p>Will alcohol be <u>sold</u>? <small>(ABC Permit required)</small></p>	<p style="text-align: center;">YES NO</p> <p>Will other equipment be brought on site? <small>Ex. catering truck, gazebo</small></p> <p><i>Please explain</i> _____</p> <p>Will <u>sound amplification</u> be used? <small>All amplified sound must comply with the City's noise ordinance, SCMC § 9.36.020.</small></p>
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By signing this application, I declare, under penalty of perjury, that I am the authorized representative of the organization (activity) listed in this application and that the information I supplied here in is true and correct.

 Applicant

 date