

Optimum Community Center Facility Use Permit



APPLICANT

Name or Organization: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Email: _____

Private Use

Commercial Use

Non-Profit Use

Date(s) of Use: _____

Set Up Time: _____ to _____ Event Time: _____ to _____ Clean Up Time: _____ to _____

Description of Use: _____

Estimated Number of Attendees (Adults and Children): _____

1. Will you implement a charge for this event? Yes No
2. Will your event have vendors? Yes No If yes, estimated number of vendors: _____
3. Do vendors have a Bullhead City business license? Yes No
4. Will you have merchandise for sale? Yes No
5. If yes to #4 above, do you have a Bullhead City business license? Yes No
6. Will vendors provide food/non-alcoholic beverages? Yes No
If yes: Sold Free Catered Served
7. Do vendors have all permits/licenses required by Mohave County Health Department?
Yes No
8. Will food be served? Yes No If yes: Self Vendor Catered
9. Do you plan to offer alcohol? If yes, must have a bar setup. Yes No
(see attached fee schedule)
10. Will you require the use of sound equipment? Yes No

By number, please give a brief description of any "yes" answers above:

A completed vendor list must be submitted to Event Coordinator at least 72 hours before the use of a facility, which must include the following information for each vendor: Company Name/Doing Business As (DBA); Operator/Contact Name; Address; Phone Number; Owner's Name; Type of Business; Bullhead City Business License Number; and Arizona State Transaction Privilege Tax Number (TPT). Failure to provide a vendor list may result in the denial of a Facility Use Permit.

Check all applicable areas of use for your event:

Gymnasium

Kitchen

Multipurpose Room

Multipurpose Meeting Room

Room 601

Room 602

Room 603

Room 604

If using the Gymnasium:

Do you need set up of tables and chairs (see *attached fee schedule*) Yes No

If no, applicant will be responsible for all set up and take down of tables and chairs.

If yes, number of tables requested: _____ Round (60") Rectangle (6') Rectangle (8')

Number of chairs requested: _____

Need stage setup? Yes (see *attached fee schedule*) No

INDEMNIFICATION

To the fullest extent permitted by law, Applicant agrees to indemnify, defend, save, and hold harmless the City as outlined in the attached Optimum Community Center Use Guidelines and Regulations.

INSURANCE

Any registered legal entity or anyone offering alcohol through the Optimum Community Center must show proof of a general liability insurance in the minimum amount of \$1,000,000 for each occurrence/\$2,000,000 aggregate with the City named as an additional insured (see Optimum Community Center staff for details). If this coverage is not available, you must purchase a special event insurance policy. Policy information can be provided by Optimum Community Center Staff.

I affirm that all information provided above is accurate to the best of my knowledge. I acknowledge the Optimum Community Center Use Guidelines and Regulations (see <https://www.bullheadcity.com/community/suddenlink-community-center> to access), agree they are fully incorporated herein, and I agree to abide by those guidelines and regulations.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY OPTIMUM CENTER STAFF - CHARGES WORKSHEET

Room Rental

Hourly (3 hour minimum)

Full Day \$ _____

Kitchen Use

Hourly (3 hour minimum)

Full Day \$ _____

Room Set Up (for Gymnasium only – no charge if client sets up ALL tables/chairs)

Group of 1-100 \$150

Group of 101-200 \$200

Group of 200+ \$250

Optional stage set-up \$350

Cleaning fee (Gymnasium only) \$90 \$ _____

Bar Set Up with One Bartender: \$250 (each additional bartender \$75) \$ _____

(For Gymnasium, Multipurpose Room and Multipurpose Meeting Room Only)

Security: _____ Hours x _____ Security Guards x _____ Guard Hourly Wage \$ _____

(Applicability is determined by Event Coordinator)

Liability Insurance (only for events serving alcohol – price varies per event) \$ _____

Refundable Security Deposit: (varies per room) \$ _____