

**Central Park Visitor Center**

40000 Paseo Padre Parkway, Fremont, CA 94538

(510) 494-4341 *ph* | www.ci.fremont.ca.us

INFORMATION: (510) 791-4340

RESERVATIONS: (510) 791-4341

FAX: (510) 791-4137

## Use Application/Permit

(You will need approved copy at time of use.)

Central Park: A ☐ B ☐ C ☐ D ☐ Sports Bag ☐ Non-Reserved ☐  
Central Park Open Space ☐ Visitor Center Conference Room ☐  
Shinn Historical Park ☐ Vallejo Adobe ☐ Fremont Community Center ☐  
Multi-Use ☐ Kitchen

Type of event: \_\_\_\_\_

Use: Date \_\_\_\_\_ Day \_\_\_\_\_ Anticipated attendance: \_\_\_\_\_

Start time: \_\_\_\_\_ AM ☐ PM ☐ End time: \_\_\_\_\_ AM ☐ PM ☐Will alcohol be served? Yes ☐ No ☐ Will there be amplified music? Yes ☐ No ☐Will money exchange hands at event (donation, solicitation, collection, etc.)? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

Will signs or decorations be placed on City property for your event? Yes ☐ No ☐

If yes, explain: \_\_\_\_\_

Will other services be provided? (caterer, performer, jump house, etc.) Yes ☐ No ☐

If yes, list company/contractor names: \_\_\_\_\_

Will the public be invited to your event? Yes ☐ No ☐Will this event be advertised? Web Site ☐ Radio ☐ Flyers ☐ Other ☐ \_\_\_\_\_

Any change, alteration or modification of above stated use must be approved in advance by Central Park Visitor Center staff. Change can result in cancellation of use or a change of the use area and/or fees. Any misrepresentation of your use/group, or failure to comply with Use Guidelines may result in expulsion from the park or facility of use and/or forfeiture of all fee(s) and deposit(s).

It is expressly understood and agreed that applicant/organization shall save, keep and hold harmless the City of Fremont, its officers, agents, employees and volunteers from all damages, costs or expenses that may at any time arise because of damages to property or personal injury using or occupying the facility.

I and/or my organization further expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, building, furnishings or equipment; or unusual clean-up required, as a result of my and/or my organization's occupancy of the facility.

Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

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

(If this is a company/organization event, must use physical address of company/organization.)

Work phone #: \_\_\_\_\_ Home phone

#: \_\_\_\_\_

Fax #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Client class: I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ Approved ☐ Disapproved ☐

Amount(s) paid: Fee(s) \_\_\_\_\_ Deposit(s) \_\_\_\_\_ Total \_\_\_\_\_

Charge ☐ Check ☐ # \_\_\_\_\_ Cash ☐

Remarks \_\_\_\_\_

Permit processed by: \_\_\_\_\_ Date processed: \_\_\_\_\_ Permit #: \_\_\_\_\_

Please Print

City Use Only

Radio #:

Time

Date:

Received: