

### **Parks** 1319 Waterloo Lane Gardnerville, NV 89410

Gardnerville, NV 89410 (775)782-9835 Fax (775)782-5799 (775)782-5799

### Recreation

Douglas County Community Services 1329 Waterloo Lane Gardnerville, NV 89410 (775)782-5500 ext. 1 Fax (775)782-9844

## Lake Tahoe

Kahle Community Center 236 Kingsbury Grade Stateline, NV 89449 (775)586-7271 Fax (775)586-7273

Director: Scott Morgan

Mail: P.O. Box 218, Minden, NV 89423

# **Douglas County Community & Senior Center FACILITY APPLICATION & USE PERMIT**

Name of Group/Organization		Phone Num	ber
Mailing Address of Group/Organization	n City	y, State	ZipCode
Name of Responsible Person/Applicant	Phone Number	Em	ail
Mailing Address	Cit	y, State	ZipCode
Facility(ies) /Room(s) Requested			Number of participants
Requested Date(s)	Requested Time (to and from)		Total Hours
Type/Name of Activity			
Description of activity			
Number of 6' rectangle tables	Number of Chairs		
What (if any) DCCSC tables and chairs	are needed?		
What (if any) equipment or vehicles will b	e brought into the facility?		
Nature and duration of amplified sound (if	any):		
Do you request the privilege of alcohol co	nsumption? (circle one)	YES	NO
If yes, will the alcohol be sold? (circle one	2)	YES	NO
If any DCCSC Audio Visual equipment	needed: (circle if needed) Additiona	ıl fees may apply.	

## Please read the following information carefully.

All groups/organizations will be expected to comply with all Douglas County Community & Senior Center Rules and Regulations when using (DCCSC) County facilities. Title 13 of the Douglas County Code and the Programs and Facilities Manual outlines these rules and regulations. A copy may be obtained from the Community Center administration.

- All reservations for use will require FULL PAYMENT of the Application Fee (\$5.00), the Reservation Fee and the complete
  (cleaning/security) Deposit, including any additional fees for staffing, security or alcohol use, a minimum of 10 (ten) days prior to
  use.
- The user of the facility covered by this permit must have the approved application in possession during time of use.
- Users will be provided any requested tables and chairs. It is the user's responsibility for both the room set-up and the take- down, returning
  chairs and tables as they were provided.
- Douglas County, its employees and representatives shall be held harmless for damage or loss of applicant's or group's property and/or equipment and for any personal loss or injury incurred by the applicant or by the group's personnel, employees or participants. Applicant or groups shall be obligated to reimburse Douglas County for all expenses incurred by the County in the event of legal action taken against your organization or group.
- Depending on the event, the Department may require that security services be provided as a condition of application approval, under the following circumstances: 1.) if an event makes a major impact on the facility, 2.) when alcohol is being served or sold, 3.) when additional precautions are deemed necessary due to the nature of the event.
- When security is required, private security will be arranged by the Department. The applicant is responsible for ALL fees for the security services.
- Upon Check-Out the Recreation Supervisor or her/his representative may determine if deposit refund needs to be adjusted based on excessive cleaning needs, damage to facility and/or equipment, staying past scheduled Check-Out time, etc.
- Violation of any established rules or regulations regarding facility usage are contract infractions and are subject to immediate termination of the application by the Recreation Supervisor or her/his representative.

#### **AGREEMENT**

I,	of the	
Name of Individual Applicant  Name of the Group/Organization		
Am familiar with the rules and regulations,	including the above listed, regarding use by the public of the Douglas County	
Community & Senior Center facility and ag	ree on behalf of the group/organization to abide by all provisions thereof. I, furthermore	
agree to be responsible and liable on behalf as a result of our use.	of the group/organization, for any damages, including excessive cleaning being required,	
Signature	Date	
THIS SCHEDULE, IF APPROVED, IS FIR	ANTS NO PRIVILEGES UNTIL VALIDATED AND RETURNED TO YOU.  M AND CANNOT BE CHANGED WITHOUT DEPARTMENT APPROVAL IN ADVANCE. Staff Use Only	
Date DCCSC Received:	Received by:	
Approved by:	Date Approved:	
Disapproved by	Date Disapproved:	
Total Fees:	Due By:	
Deposit:	Paid Date:	
Refund Amount:	Refund Issued Date:	
Additional Remarks:		