



PARKS AND RECREATION
CITY OF BEAUMONT

FACILITIES USE AGREEMENT

GENERAL INFORMATION

Name Beaumont Cherry Valley Rotary Club
Address PO Box 3006 City Beaumont Zip 92223
Phone 951-312-8934 Email Robin.Knight@nfp.com

FACILITIES USE AGREEMENT

ALL PERSONS UTILIZING CITY FACILITIES SHALL ABIDE BY ALL CITY RULES AND ORDINANCES INCLUDING BUT NOT LIMITED TO THE FOLLOWING: (PLEASE INITIAL TO ACCEPT TERMS BELOW)

RK Applicant is responsible for leaving facilities in the same conditions as received: for cleanliness; and turning off all utilities.

RK It is understood and agreed that the applicant shall be solely responsible for the activities conducted by it or subject to its controls, and applicant agrees to and does here hold the City harmless from any and all liability or alleged liability arising out of, or in any way related to, the activities by said applicant: and in the event suit is brought arising out of any such activities, applicant will defend the City and pay any and all attorney fees and Court cost incurred in such suit.

RK Night and weekend use of the Beaumont Facilities will be by special arrangement only, with additional payment required for a city employee to be present in the building for the full length of your use. **All reservations must be made at least 30 days in advance.**

RK There will be a charge of \$20.00 per hour of use for a city employee to open the building, be present during your activity and to close the building when your activity is finished. **THIS EMPLOYEE IS NOT RESPONSIBLE FOR SET UP OR CLEAN UP.**

RK A cleaning and damage deposit is required. **YOUR DEPOSIT IS REQUIRED TO RESERVE YOUR DATE.** \$500.00 cleaning deposit which is refundable when the facility is left clean, and no damage occurs. If you do not clean the facility, and there are damages, your deposit will be retained to cover the cost, and you will be liable for any expenses incurred over and above the deposit paid. Cleaning includes the hallway and the restrooms.

RK **All Parties in the City facilities must end at 10:00p.m. There may be no alcohol served after this time. Everyone must be off the premises by 12:00am.**

RK Events at the CRC that use the overflow parking lot at night will be required to rent a light tower for their event. The light must be turned off by 10pm.

RK Alcohol is not permitted in the Civic Center/CRC facilities unless you have provided proof of security. Security guards must be present entire time alcohol is being served. The number of guards is to be determined by the Beaumont Police Department for Civic Center or CRC. (# of guards on all facility rentals are subject to approval by the Beaumont Police Department). Arrangements may be made with a private security firm. A copy of the contract must be provided to this office. **THE GUARD MUST BE LICENSED, BONDED, IN UNIFORM AND HAS NO ASSOCIATION WITH THE PARTY.**

RK Special arrangements can be made to sell alcohol in the Civic Center for nonprofit agencies with approval from the Community Service Department and /or the Chief of Police. **ALCOHOL IS NOT ALLOWED FOR PARTIES OF UNDER AGED PERSON(S) (21 & OLDER ONLY).**

RK If you plan to sell drinks, a one-day permit is required from ABC. You must first contact the Police Department for a letter to the ABC to obtain a permit. NOTE: ABC will not issue a permit to a private party, only nonprofit service clubs or organizations.

RK The city has 150 – 200 metal fold-out chairs, and 25 6-foot tables. These are available free of charge. If additional are needed, you will need to rent them from another organization.

RK Should the applicant desire to cancel the facility reservation, notification of the cancellation must be received no later than two weeks prior to the scheduled event. Should cancellation notice not be received by this time limit, a \$100.00 cancellation fee will be charged and taken from the deposit paid.

By signing you are stating you have read and are complying by all rules of the ordinance.

Signature: Robin L. Knight Date: 9/24/22

Location:

CHATIGNY REC CENTER CIVIC CENTER Room(s) number: _____

PARKING LOT ONLY

Date(s) of Use: Every Thursday at noon Period of use: One Time Weekly Monthly

Other: Storage For Podium/mtg Supplies / Soda

Open Building: _____ am/pm Close Building: _____ am/pm

Starting Time: 11:30 AM am/pm Ending Time: 1:30 pm am/pm

Equipment Needed for Meeting/Usage: Chairs Tables Other: TV Monitor/projector as needed

Name of Organization/Group: Beaumont Cherry Valley Rotary Club Non profit

Purpose of Meeting/Usage: Club meetings

Expected Attendance: 12-20 Open to the Public? Yes No

The City reserves the right to revoke this permit at any time

RENTAL RATES

CATEGORY:	1	2	3	4
Auditorium/gym	N/A	N/A	\$120.00	\$220.00 First 2 hours
\$500.00 Deposit	N/A	N/A	\$40.00	\$100.00 Extra hours
Meeting Rooms	N/A	N/A	\$50.00	\$100.00 First 2 hours
\$45.00 Deposit	N/A	N/A	\$15.00	\$40.00 Extra hours
Staff Fee per Hour:	TBD	\$20 PER HR	\$20 PER HR	\$20 PER HR

CATEGORIES

1. City sponsored activities and use by departments and divisions of the City of Beaumont.
2. Local schools.
3. Civic groups; non-profit organizations, clubs, associations; other governmental agencies.
4. Wedding, receptions, and private parties. Commercially sponsored activities; use by business, groups, associations, or individuals for any type of profit-making activity or event.

CITY OF BEAUMONT FACILITY REQUEST WORK OUT FORM

LOCATION CDC FACILITY DC-1 & DC-2

FIRST 2 HRS \$50 x 2 = \$100 *THIS IS ONLY A WORK SHEET AND DOES NOT RENT FACILITY*

ADD. HRS \$ 0

RATES ARE SUBJECT TO CHANGE, BEFORE PERMIT IS SIGNED

STAFF FEES \$ 40.00

SUB TOTAL \$ 140. Per wk

DEPOSIT \$ 45.00

TOTAL \$ 185.00 1st Mtg
\$ 140.00 per wk after.

2 hrs per wk
2 rooms.

Please return signed and completed application to the

BEAUMONT PARKS AND RECREATION DEPARTMENT

1310 Oak Valley Parkway, Beaumont, Ca 92223

(951) 769-8524 | Parks@BeaumontCa.gov | BeaumontCa.gov

Staff approval signature: _____

Entered in Recdesk date: _____

2022 -

OCT - \$605.00 (4 wks + Dep)

NOV - \$560.00 (4 wks)

Dec - \$560.00 (4 wks)

Total = \$1,725.00

2023 -

\$560 Per month x 12

Total = \$6,720.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Ali Sulita PHONE (A/C, No, Ext): 1-833-3ROTARY E-MAIL ADDRESS: rotary@ajg.com	FAX (A/C, No): 630-285-4062
	INSURER(S) AFFORDING COVERAGE	
INSURED All Active US Rotary Clubs & Districts BEAUMONT CHERRY VALLEY ROTARY CLUB ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER A: Westchester Surplus Lines Insurance Company 10172	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 899307648 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	G73578917 001	7/1/2022	7/1/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		G73578917 001	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER City of Beaumont Parks and Recreation 550 E 6th St Beaumont, CA 92223 Attn: Ashley Starr	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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