



**CITY OF COACHELLA  
PARKS AND RECREATION DEPARTMENT  
FACILITY USE APPLICATION AND PERMIT**

**FOR OFFICE USE ONLY**  
 Date filed \_\_\_\_\_  
 Recd. by \_\_\_\_\_  
 Amt. Of Fee \$ \_\_\_\_\_  
 Deposit \$ \_\_\_\_\_  
 Cash  Check  \_\_\_\_\_  
 Receipt # \_\_\_\_\_

**I. APPLICANT INFORMATION**

Date of Application: 10/15/2020

Name of individual or organization: Coachella Valley Community Tax Services  
 Name of contact person: Sarah Castro Phone # (418) 849-2236  
 Address of contact person: 41550 Eclectic St. (cell)  
 City/Zip: Palm Desert, CA 92260

**II. DATES & TIMES REQUESTED**

Date(s): \_\_\_\_\_ Day(s): \_\_\_\_\_  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**III. FACILITY REQUESTED**

Coachella Community Center     City Hall Council Chambers  
 Park/Sports Fields     Courtyard (outside) + large Rm in library building

**IV. ACTIVITY INFORMATION**

- \*by appointment*
- 1) Open to the Public \*Yes  No \_\_\_\_\_  
 2) Admission Charged Yes \_\_\_\_\_ No  \$ \_\_\_\_\_  
 3) Fund-raising Activity Yes \_\_\_\_\_ No  \$ \_\_\_\_\_  
 4) Food & Beverage Yes  No \_\_\_\_\_ (Volunteers) 9) Attendance: Adults  Teens \_\_\_\_\_ Children \_\_\_\_\_  
 5) Describe Activity/Program and any Special Conditions: only  
 6) Sound System Yes \_\_\_\_\_ No \_\_\_\_\_ (Council Chambers only)  
 7) Overhead Projector Yes \_\_\_\_\_ No \_\_\_\_\_ (Council Chambers only)  
 8) Tables/Chairs Yes  No \_\_\_\_\_

Tax preparation, by appointment only Saturdays. "Drop off" by appointment Tuesdays.

Please note: At no time are any motorized vehicles allowed in the parks. Violation forfeits security deposit.

I, (print name) Julia Nelmark, President UMDC, as permittee, and the user group agree to hold the City of Coachella harmless, and indemnify the City of Coachella from any and all liability for injury to persons or property occurring as a result of the activity sponsored by the permittee, and said person shall be liable to the City of Coachella for any and all damages to parks, equipment, and buildings owned or controlled by the City which result from the activity of the permittee or is caused by any participant in said activity. All persons exercising any of the privileges authorized does so at his/her own risk without liability on the part of the City of Coachella for the injuries to persons or property resulting therefrom.

The undersigned has received and understands the rules and regulations for the City of Coachella facility selected above, and agrees to abide by such rules and regulations. The undersigned agrees to clearly and accurately convey the rules and regulations to all members in their party. The undersigned further certifies that the information provided above is true. The undersigned comprehends that this Application will be considered approved only when the indicated fees have been paid, and the Parks and Recreation Services Manager, or his/her designee, has signed the authorizing signature on this form.

I have read, understand and agree to inform all users of my activity of the above liability conditions of use.

APPLICANT SIGNATURE [Signature] Date 10/23/20

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Class I II III IV Approval needed from: Planning \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ Finance \_\_\_\_\_ Council \_\_\_\_\_  
 Current Certificate of Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Limit Req'd \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Fees and Deposits					
Facility Fee	\$ _____	Insurance Policy Fee	\$ _____	Deposit \$	_____
Field Lights	\$ _____	Alcohol Insurance Fee	\$ _____	Deposit \$	_____
Field/Court Prep	\$ _____	Alcohol Cleaning Fee	\$ _____	Deposit \$	_____
Bases	\$ _____	Optional Set-up/Cleaning	\$ _____	Deposit \$	_____
Snack Bar	\$ _____	Security Guards	\$ _____	Deposit \$	_____
Sound System	\$ _____	Restrooms Only	\$ _____	Deposit \$	_____

Application approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Date copy sent to Applicant \_\_\_\_\_