



CENTRAL RESERVATIONS

666 Bellevue Avenue
Oakland, CA 94610
510-238-3420

Please submit rental application via email to:

cru@oaklandca.gov

Date of Application: _____

RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD. PHOTO ID IS REQUIRED.

Name of Business/Organization: _____

Business/Organization Address: _____
Street Address City Zip Code

Applicant Name: _____

Applicant Mailing Address: _____
Street Address City Zip Code

Mobile or Home Number: _____ Work Number: _____ Email Address: _____

Facility/Park Name: _____

Room(s)/Site(s) _____

Event Information:

Date(s) of Event: _____

Time In/Prep _____ Actual Event Time _____ to _____ Cleanup/Time Out _____

Type of Event/Purpose: *(be specific, i.e., Wedding Reception, Meeting, Birthday Party, Banquet, Picnic, BBQ, Walk, Run, Festival, Rally, Quinceanera, BarMitsvah/BatMitsvah, etc.)*

General Public Allowed: Yes No Sound Amplification: Yes No Non-Amplified Sound: Yes No

Type of Equipment to be used: *(i.e., musical instruments, live band, cd player, amplifiers, microphones, etc.)*

Note: Charging admission, selling tickets or merchandise, or solicitation of money in any manner must be approved by the Parks and Recreation Advisory Commission (PRAC) 60 days or more in advance of event date.

Number of Participants (Total) _____ Approximate # of Adults _____ # of Teens _____ # of Children/Infants _____

Please provide below special accommodations/requests for your event. If no special accommodations required, please write NONE.

Will you require a caterer for your event? Yes No

If yes, Name of Caterer: _____

RENTAL FEES

(The minimum rental requirement, deposit and permit processing fee are required when the facility of your choice is reserved 31 days or more in advance.)

Non-Refundable Permit Processing Fees:

-Park Use/Building Rentals/Special Events (Parks): \$30:

- | | |
|---|--|
| (1) _____ x _____ = _____
(Hourly Rate) (# of hours) | (7) Kitchen = _____ |
| (2) _____ x _____ = _____
(Hourly Rate) (# of hours) | (8) Alcoholic Beverage Fee = _____ |
| (3) Permit Processing Fee = _____ | (9) Administrative Service Fee = _____ |
| (4) Deposit = _____ | (10) Sound Use Fee = _____ |
| (5) Setup/Teardown = _____ | (11) Sanitation Fee = _____ |
| (6) Kitchen = _____ | (12) Other Fee(s) = _____ |

TOTAL: \$ _____ Less Advance Minimum Payment of \$ _____; BALANCE DUE 30 DAYS BEFORE EVENT: \$ _____
(Deposits are refunded 6-8 weeks AFTER event date, provided the facility is left in acceptable condition and the event goes as planned.)

(See attached Authorization for Credit Card Payment Form)

CANCELLATION FEE: 61 days or more notice: Forfeit ½ Deposit 30 days to 11 days notice: Forfeit Deposit Plus ½ Rental Fee
31 to 60 days notice: Forfeit Deposit 10 days or less notice: Forfeit All Fees

APPLICANT SIGNATURE _____ DATE _____