

(R01/06)

City of Los Angeles • Department of Recreation and Parks

Cabrillo Beach Bathhouse

3800 Stephen White Drive • San Pedro, CA 90731

Phone: (310) 548-7554 • FAX: (310) 548-7561

email: [CabrilloBB@RAP.LACITY.ORG](mailto:CabrilloBB@RAP.LACITY.ORG) • [www.cabrillobeachbathhouse.org](http://www.cabrillobeachbathhouse.org)

**Application For Use Of Facilities** (this is not a permit)

Requested Area/Room(s) \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_

Name of Representative(s) \_\_\_\_\_

Phone Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Event Day & date(s) \_\_\_\_\_ Event Start time \_\_\_\_\_ am/pm & End time \_\_\_\_\_ am/pm

Pre-Event Set-up time from \_\_\_\_\_ am/pm to & \_\_\_\_\_ am/pm Post-Event Clean-up time from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Type of Event & Description \_\_\_\_\_

Number of expected persons: \_\_\_\_\_ Alcohol served: \_\_\_\_\_ yes \_\_\_\_\_ no Catered Food: \_\_\_\_\_ yes \_\_\_\_\_ no

Name of Caterer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of Caterer \_\_\_\_\_

Number of Center Tables Needed? 8ft-Rectangle \_\_\_\_\_ Number of Center Chairs Needed? Metal \_\_\_\_\_

Is this a fundraiser? \_\_\_\_\_ Are you charging a Fee? \_\_\_\_\_ Amount per person \_\_\_\_\_ Do you anticipate a profit? \_\_\_\_\_

**INSURANCE INFORMATION – needed for special events only**

NOTE: INSURANCE PREMIUM MAY BE ADDITIONAL TO CHARGES

A permit shall not be issued for any activity requiring insurance, until appropriate insurance coverage has been demonstrated by permittee.

Permittee can obtain insurance coverage acceptable to the City by either:

- a) Naming the City as an additional insured on the Permittee's own insurance (permittee must apply for permit at least one month in advance of event)
- b) Purchasing the City's Special Event Insurance (213) 978-1095 (permittee must apply for permit at least one month in advance of event)  
Special Event insurance does not cover participants in athletic events or mechanical amusement rides.

Will your organization's insurance cover this event? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you/your organization plan to purchase City Special Event Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**HOLD HARMLESS CLAUSE**

Permittee acknowledges that it will use City facilities at its own risk and shall identify and hold CITY and its officers, agents and employees free and harmless from any and all claims, demands, lawsuits, actions of any kind, damages judgments, amounts paid in settlement, costs and expenses (including attorney's fees), which may be incurred or arise out of Permittee's exercise of the permission granted or free any of Permittee's activities thereto.

Permittee acknowledges that it will use City facilities at its own risk and expressly waives any right to make or prosecute claims or demands against the City for any loss, injury or damage which Permittee may sustain by virtue of the exercise of the permission granted or by reason of any defect, deficiency or impairment which may occur from time to time from any cause of the water supply system, drainage system, heating system, gas mains, electrical apparatus or cable furnished for the event or for any loss resulting from fire, water, tornado, civil commotion, riot, landslide, windstorm, earthquakes or other acts of God.

This application shall constitute an addendum to permit upon issuance of same. Permittee may not conduct any activities not specifically described herein. Posting of signs advertisement will NOT be permitted.

I certify that all statements on this application are complete and correct. I have read and understand the General Information rental agreement for the Cabrillo Beach Bathhouse and agree to abide by the restrictions set forth therein and on my permit.

Signature of Applicant/Permittee \_\_\_\_\_ Date \_\_\_\_\_

# Cabrillo Beach Bathhouse Hall Rental Fee

For office use:

**Facility Use Fees:**

**Refundable Building Cleaning Deposit - \$300.00 (required to hold event date) \$300.00**

Refundable Deposit to hold date Paid On: \_\_\_\_\_ R# \_\_\_\_\_ Int. \_\_\_\_\_

\_\_\_\_\_ hrs **Outdoor Patio Arcade Area or 1 floor Classroom(s)** (time of event)

	<u>1<sup>st</sup> 3 hours</u>	<u>Each Add'l hour</u>	
Mon - Th	\$ 80.00	\$26.00	
Fri & Sun	\$200.00	\$30.00	
Sat, Holiday, & Day prior to Holiday	\$280.00	\$30.00	\$ _____

\_\_\_\_\_ hrs **Upstairs Ballroom** – (time of event)

	<u>1<sup>st</sup> 3 hours</u>	<u>Each Add'l hour</u>	
Mon – Th	\$160.00	\$52.00	
Fri & Sun	\$400.00	\$60.00	
Sat, Holiday, & Day prior to Holiday	\$560.00	\$60.00	\$ _____

\*Any use (class, meeting, activity, etc.) where fees/admission are being charged or donations are collected, either on or off-site by any entity (for-profit, non-profit, or individual) must pay the "fee generating fees", which are 3x the amounts listed above.

**Additional Fees:**

**Outdoor Activity Fee - \$150.00** \$ \_\_\_\_\_  
Whenever an event has a portion of its activities occurring both indoors and outdoors.

**Pre-event and post-event Fee - \$40.00 per hour X \_\_\_\_\_ hrs** \$ \_\_\_\_\_  
Fee charged for any hours of use or hold of the facility before or after the event. Including deliveries, set-up, food handling, decorating, clean-up, etc. This fee also applies to extra clean-up provided by Bathhouse staff.

**Rehearsal Fee - \$100.00 X \_\_\_\_\_ # of rehearsals. Date: \_\_\_\_\_** \$ \_\_\_\_\_  
Wedding rehearsals may be scheduled within 60 days of your event. Two hour time blocks.

**Security Guard Service** – (Required when alcohol is served) \$ \_\_\_\_\_ x \_\_\_\_\_ hrs \$ \_\_\_\_\_  
Minimum of 2guards. Fees quoted upon request based on actual costs.  
Duty includes 30 minutes before & after event time.

**Table Rental** (8 ft banquet) \$2.00 per table \$2.00 x \_\_\_\_\_ # \$ \_\_\_\_\_

**Chair Rental** (metal folding) \$1.00 per chair \$1.00 x \_\_\_\_\_ # \$ \_\_\_\_\_

Total Due By: \_\_\_\_\_ TOTAL FEES DUE: \$ \_\_\_\_\_

**Cancellation Fees:**

Postponement prior to 60 days \$ 50.00  
Cancellation prior to 60 days \$100.00  
Cancellation or Postponement within 60 days, 40% of all fees or \$125.00 whichever is greater.

**Payment of Fees**

The total amount of all rental fees and deposits shall be paid in full at least 60 days prior to the scheduled date of use. Otherwise the reservation may be cancelled.

Approval of Director-in-Charge \_\_\_\_\_ Date \_\_\_\_\_

CITY OF LOS ANGELES • DEPARTMENT OF RECREATION AND PARKS  
REQUEST FOR DEPARTMENT AND LAPD  
CONSIDERATION OF BEER AND WINE DISPENSING PERMIT

Region: PACIFIC REGION Area Superintendent: \_\_\_\_\_

Facility: CABRILLO BEACH BATHHOUSE Address: 3800 STEPHEN M. WHITE DRIVE

Special Event: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Person(s) in charge and available on site during the event: \_\_\_\_\_

I understand that those persons consuming alcoholic beverages outside the designated area indicated herein are subject to arrest.

Applicant: \_\_\_\_\_  
Printed Name

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

1. Director-in-Charge: DEANNE A DEDMON Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Event Type: \_\_\_\_\_ Date of event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ No. of Security Guards: \_\_\_\_\_

Recreation Supervisor: PHILLIP ORLAND Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Recreation Supervisor: SOPHIA PINA-CORTEZ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2. Recreation and Parks Area Office: 1670 Palos Verdes Drive North, Harbor City, CA 90710 · Stop #644  
Recommendation of Region Superintendent:

Approval  Disapproval  Reason for disapproval: \_\_\_\_\_

Region Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please return to CBBH Stop#644/B)

3. LAPD Harbor Area Office: 2175 John S. Gibson Blvd., San Pedro, CA 90731 · Stop #403  
Recommendation of Area Captain:

Approval  Disapproval  Reason for disapproval: \_\_\_\_\_

Area Captain Signature \_\_\_\_\_ Date \_\_\_\_\_ (Please return to CBBH Stop#644/B)