MUSEUM OF SAN CARLOS HISTORY
533 LAUREL STREET
SAN CARLOS, CA. 94070
650-802-4354

# APPLICATION AND AGREEMENT FOR USE OF MUSEUM

APPLICANT:_____

ORGANIZATION:_____

IS THIS GROUP A NON-PROFIT? YES NO

EVENT PURPOSE:_____

HOME ADDRESS:_____

CITY:_____ ZIP:_____

HOME PHONE:_____ WORK PHONE:_____

DO YOU INTEND TO SERVE ALCOHOL? YES NO

BEER _____WINE_____

WILL YOU HAVE RENTAL EQUIPMENT? YES NO

WILL YOU HAVE CATERERS? YES NO

ESTIMATED ATTENDANCE:_____

EVENT SPECIFICS

DATE SUBMITTED:

_____

EVENT DATE:

_____

SETUP TIME:

_____

EVENT START:

_____

CLEANUP TIME:

_____

INSURANCE REQUIREMENT

The Museum of San Carlos History requires all renters to provide a $1,000,000 comprehensive liability insurance policy. This type of policy is available from the City of San Carlos at a very nominal charge. Said insurance shall cover the Museum of San Carlos History, its officers, volunteers and permittee from all liability claims arising from the use of the Museum.

AGREEMENT

In submitting this application, the applicant certifies that they have read and understood the Museum Use Policy and will abide by any special conditions set forth in the provided Use Policy. Applicant certifies that the intended use, as detailed above, is in compliance with said regulations and Use policy.

In consideration of permission to the the Museum and to consume alcoholic beverages on the Museum property, applicant agrees to hold harmless the Museum, its officers, volunteers, and agents from and against any and all loss, liability, expense, claim, cost, suits and damages of every kind, nature and description directly or indirectly arising from the performance and action of this agreement.

Compensation for any equipment, loss or damages done to Museum property shall be remitted to the Museum within seven working days of receiving written notification from the Museum. Said communication will include a detailed listing of loss and/or damages.

_____ _____

Applicant signature Date

**FOR MUSEUM USE ONLY**

Rental _____hrs @ $_____/hr $_____ Application Approved by _____

Janitorial fee $_____

Insurance fee $_____ Date _____

Total $_____