



FACILITY RENTAL APPLICATION

Yorba Linda Public Library

4852 Lakeview Avenue, Yorba Linda, CA 92886 | 714-777-2873

ylpl.org | ylpiventrentals@yorbalindaca.gov

CONTACT INFORMATION

Primary Contract Holder:

Name: _____
Address: _____

Phone: _____
Email: _____
DOB: _____

Alternate Contact:

Name: _____
Address: _____

Phone: _____
Email: _____
DOB: _____
Relationship to Applicant: _____

Initial Here

I agree and authorize the person listed as the alternate contact to act on my behalf and make changes to the event details of the rental contract. Additionally, I authorize the City of Yorba Linda to make the changes requested. I acknowledge that I am assuming liability for this event and will be the main point of contact should the City need to resolve any issues regarding my event.

Organization Information (if applicable):

Name: _____
Address: _____

Phone: _____
Email: _____

Type of Business / Organization:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Booster Club |
| <input type="checkbox"/> School | <input type="checkbox"/> Business/Corporation |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Other: _____ | |

EVENT INFORMATION

Event Date: _____ **Room(s) Requested:** _____

Please fill out page 4 if requesting multiple dates

Rental Time:

Begin Set Up: _____ End Clean Up: _____

Event Start: _____ Event End: _____

Total Hours: _____

Expected Attendance:

Adults: _____ Youth (under 18): _____ Total Guests: _____

EVENT INFORMATION CONT'D

Type of Event:

- | | | |
|---|---|--|
| <input type="checkbox"/> Church Function | <input type="checkbox"/> Meeting | <input type="checkbox"/> School Event |
| <input type="checkbox"/> Concert/Stage Production | <input type="checkbox"/> Memorial Service | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Non-Profit Meeting | <input type="checkbox"/> Sports Event |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Party Type _____ | <input type="checkbox"/> Wedding Reception |

Additional Equipment:

Quantity:

- | | |
|---|-------|
| <input type="checkbox"/> Wireless Microphone (\$20) | _____ |
| <input type="checkbox"/> Handheld Microphone (\$20) | _____ |
| <input type="checkbox"/> Projector Screen | _____ |
| <input type="checkbox"/> HDMI Cord - Apple | _____ |
| <input type="checkbox"/> Podium | _____ |

ALCOHOL SERVICE

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| Will alcoholic beverages be served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will alcoholic beverages be sold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will drink tickets be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Alcohol Service Time:

Start: _____ End: _____

For events with admission fee:

Is alcohol included in the price of admission? ☐ **Yes** ☐ **No**

Alcohol may be served for a maximum of 5.5 hours & must conclude 30 minutes prior to guest departure.

FOOD SERVICE, VENDORS, & ACTIVITIES

- | | | |
|---|-------------------------------------|------------------------------------|
| Will food be served? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will food be catered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you interested in learning about in-house catering/décor options? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will there be dancing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will there be a live band? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will there be a DJ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any high-profile individuals be present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- A copy of the Caterer's Insurance is required for events where Caterer will be working onsite.
- Cooking is NOT permitted in rooms or on the patio.
- Please notify Staff of any equipment being used by 3rd party vendors. All equipment requires City approval prior to event.

ADDITIONAL INFORMATION

Is this event open to the Public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an Admission Fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event a Casino Night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will merchandise be sold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Merchandise: _____		

Fundraising Events:

Organization/Cause funds are being raised for:

How did you hear about us?

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Website |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Prior Attendance | <input type="checkbox"/> Bridal Show |
| <input type="checkbox"/> Other: _____ | | |

ADDITIONAL INFORMATION

The City of Yorba Linda requires Liability insurance for all rental events. Insurance must be comprehensive general liability and property damage insurance in the amount of \$1,000,000. For more information please see the Policies & Procedures Policy documentation. Insurance may be purchased through the City and will range in price according to the expected number of guest. Insurance is obtained through a third party vendor, not directly supplied by the City of Yorba Linda. Rates may change on an annual basis and the fee will be charged accordingly. Additional Fees may apply if alcohol will be served and/or sold.

The primary contract holder is designated as the responsible party and must be present for the duration of the event. Additionally, the primary contract holder agrees to adhere to all policies as stated in the Policies and Procedures, Alcohol Use, Cancellation. I certify that the above listed information is true and correct, and agree that any falsification or omission may be grounds for event cancellation.

_____	_____	_____
Name (Printed)	Signature	Date

DEPARTMENT USE ONLY

File Updated 2/2024

Received By: _____ Date: _____ Contract #: _____ ☐ Residency Verified

Designated Library Approval: _____ Date: _____ ☐ Approved ☐ Denied

Additional Library Approval: _____ Date: _____ ☐ Approved ☐ Denied

Library Director Approval: _____ Date: _____ ☐ Approved ☐ Denied

Notes: