



RIVERSIDE COUNTY
FILM COMMISSION

APPLICATION FORM FOR USE OF COUNTY OWNED FACILITIES

DATE: _____

REQUESTOR NAME: _____

REQUESTOR ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER () _____ Email _____

SIGNATORY NAME/TITLE: _____

DATE OF FUNCTION: _____ ESTIMATED ATTENDANCE: _____

EVENT TIME: from _____ to _____

SET UP TIME: from _____ to _____

CLEAN UP TIME: from _____ to _____

AREA/FACILITY REQUESTING: _____

Address: _____

PURPOSE OF FUNCTION: _____

FOOD & BEVERAGES SERVED: YES ___ NO ___

TYPE OF EQUIPMENT: _____

REQUIREMENTS:

Refundable Cleaning/damage Deposit - \$500.00

(made payable to County of Riverside or you may use the credit card form provided on the film permit application)

Permittee acknowledges that use of the requested facilities is subject to approval and issuance of a Use Permit (Information Copy attached) by the County of Riverside, Department of Facilities Management.

APPLICANT SIGNATURE: _____ DATE: _____



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INSURANCE

Permittee shall, during the term of this Permit:

Procure and maintain comprehensive general liability insurance coverage that shall protect Permittee from claims for damages for personal injury, but limited to, accidental and wrongful death, as well as from claims for property damage, which may arise from Permittee's use of the permitted premises or the performance of its obligations hereunder, whether such use or performance be by Permittee, by any subcontractor, or by anyone employed directly or indirectly by either of them. Such insurance shall name the County of Riverside as additional insureds with respect to this Permit and the obligations of Permittee hereunder. Such insurance shall provide for limits of not less than \$1,000,000.00 per occurrence.

To be completed by an authorized Economic Development Agency Representative

The above applicant has provided the necessary certificate of insurance evidencing the required insurance coverage.

Print Name

Phone

Print Title