City of Hughson
7018 Pine St. / P.O. Box 9
Hughson CA 95326
Phone:209-883-4054 - Fax:209-883-2638

STARN PARK APPLICATION FORM

Applicant Name:

Address: | City/State/Zip:

Mailing Address (If Different): | City/State/Zip:

Phone: | Alt. Contact: | Alt. Phone:

E-mail Address:

EVENT DATE(S): | **Day(s) of the Week:** | **Requested Hours:**

Event Type: **Lights: Y / N**

Entire Park $150/$250 ☐ Large Covered Area $50 ☐ Small Covered Area $35 ☐ **Uncovered $30** ☐
Concession Stand $25 (with Area or Field Rental $15) ☐ Field Y / N (local $30/other $60 3hrs) ☐
(Tournament local $125/other $250)

Classification of Event: General Public ☐ Private ☐ **Fundraiser: Y / N** **Event for Minor Y / N**
Food: Sold ☐ Served ☐ No ☐ Food **Food Prep:** On site ☐ Off site ☐

Entertainment: Y / N **Entertainment Type:** **Non-Profit: Y / N**

Booth: Y / N Type: **Inflatable: Y / N Type:** **Tent: Y / N** **Size:**

Street Closure: Y / N **** Permit Required **** **Approved** ☐ **Not Approved** ☐

Alcohol: Y / N **Sold: Y / N** **Served: Y / N**

**** PROOF OF LIABILITY INSURANCE MUST BE PROVIDED ****
NAMING THE CITY OF HUGHSON AS "ADDITIONAL INSURED,"
IN THE AMOUNT OF $1,000,000.00 WITH THE ADDRESS OF 1914 TULLY RD

A letter must be submitted to the Community Development Director for approval of alcohol at any event.

No alcohol will be permitted at an event for a minor.

Communicable Disease Waiver and Release: Undersigned waives and releases the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 or other communicable disease that occurs, or is alleged to occur, during the event. Undersigned also agrees to defend, indemnify, and hold City harmless from any and all claims, causes of action, allegations, or assertions made against City of City's employees arising from or relating to actual or alleged infection occurring during the event, except where caused by the sole negligence or willful misconduct of the City.

MUST BE PROVIDED*

I declare the above stated information is true and correct to the best of my knowledge and understand my reservation is subject to cancellation if actual information differs significantly from the above.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Rental Fee	CODE	AMOUNT	DATE DUE	DATE PAID	REC. BY
In town	RENTP	$150.00			
Out of town		$250.00			
Lg. Cov. Area		$50.00			
Sm. Cov. Area		$35.00			
Uncovered		$30.00			
Concession		$25.00/$15.00			
Baseball Field		$30.00/$60.00			
Lights		$23.00 ph			
Park Deposit	DEPP	$100.00			
Conc. Deposit	DEPP	$100.00			

DATE MAILED OUT: _____
CHECK NUMBER: _____
DATE REQUESTED: _____
REFUND STATUS: _____