

2011 DEL MAR PLAZA

FACILITY USE APPLICATION

DATE OF FACILITY USE APPLICATION _____

APPLICANT INFORMATION

CORPORATION OR ORGANIZATION NAME _____

FEDERAL 501(c)(3) ORGANIZATION YES NO FEDERAL 501(c)(3) ID # (9 DIGITS) _____

If yes, a copy of the 501(c)(3) tax exemption letter is required and must be attached to application.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE NO. (_____) _____ - _____ CELL PHONE (_____) _____

E-MAIL ADDRESS: _____

DAY OF EVENT CONTACT

NAME _____

DAY PHONE NO. (_____) _____ - _____ CELL PHONE (_____) _____ - _____

E-MAIL ADDRESS: _____

EVENT INFORMATION

DATE OF EVENT _____ TYPE OF EVENT _____

EVENT SET-UP TIME _____ EVENT START TIME _____

EVENT END TIME _____

EVENT CLEAN-UP TIME _____

EQUIPMENT

CHAIRS _____

TABLES/SIZE OF TABLES _____

UMBRELLAS _____

CANOPIES/SIZE _____

OTHER EQUIPMENT AND/OR SUPPLIES

TICKETED EVENT YES NO

ESTIMATED NUMBER OF ATTENDEES _____

ALCOHOL SERVED YES NO IF YES, TYPE OF ABC PERMIT _____

CATERER YES NO (SEE PREFERRED CATERER LIST)

NAME OF CATERER _____

MUSIC YES NO IF YES, INDICATE IF LIVE MUSIC OR DJ _____

OTHER ENTERTAINMENT YES NO IF YES, INDICATE TYPE _____

INSURANCE COMPANY AND POLICY NUMBER _____

DEL MAR PLAZA FACILITY USE INFORMATION

DM PLAZA OCEAN VIEW DECK (DMP OCEAN DECK)

1555 Camino Del Mar/Plaza Level

CAPACITY 200

FEES

JUNE-SEPTEMBER

SUNDAY-THURSDAY

- EVENT TIMES AVAILABLE 10AM-9PM
- SET UP TIME 8AM-10AM
- CLEAN-UP TIME 9PM-10PM
- \$350 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$250 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$1,000 DAMAGE DEPOSIT

FRIDAY-SATURDAY

- EVENT TIMES AVAILABLE 10AM-3PM
- SET UP TIMES 8AM-10AM
- CLEAN UP TIMES 3PM-4PM
- \$450 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$350 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$1,000 DAMAGE DEPOSIT

Nonprofit Rate _____

OCTOBER-MAY

MONDAY-THURSDAY

- EVENT TIMES 10AM-9PM
- SET UP TIME 8AM-10AM
- CLEAN-UP TIME 9PM-10PM
- \$300 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$200 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$1,000 DAMAGE DEPOSIT

□ OCTOBER-MAY (CONTINUED)

□ FRIDAY-SATURDAY

- EVENT TIMES 10AM-9PM
- SET UP TIME 8AM-10AM
- CLEAN-UP TIME 9PM-10PM
- \$400 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$300 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$1,000 DAMAGE DEPOSIT

□ Nonprofit Rate _____

DM PLAZA BACK DECK (DMP BACK DECK)

1555 Camino Del Mar Mar/Plaza Level

CAPACITY 100

FEES

□ JUNE-SEPTEMBER

□ SUNDAY-THURSDAY

- EVENT TIMES 10AM-7PM
- SET UP TIME 8AM-10AM
- CLEAN-UP TIME 7PM-8PM
- \$250 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$150 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$600 DAMAGE DEPOSIT

□ FRIDAY-SATURDAY

- EVENT TIMES 10AM-3PM
- SET UP TIME 9AM-10AM
- CLEAN-UP TIME 3PM-4PM
- \$300 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$200 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$600 DAMAGE DEPOSIT

□ Nonprofit Rate _____

OCTOBER-MAY

MONDAY-SUNDAY

- EVENT TIMES 10AM-7PM
- SET UP TIME 9AM-10AM
- CLEAN-UP TIME 7PM-8PM
- \$250 HOURLY RATE WITH OUTSIDE CATERERS (MINIMUM 3 HOURS)
- \$150 HOURLY RATE WITH DMP PREFERRED CATERERS (MINIMUM 3 HOURS)
- \$600 DAMAGE DEPOSIT

Nonprofit Rate _____

This Application is not a contract that guarantees usage of the DMP Ocean Deck and/or DMP Back Deck (collectively "Del Mar Plaza Facilities"). The DMP Facilities will be reserved only after the attached License Agreement is signed by both the Applicant and the Del Mar Plaza and returned by the Applicant. Please check that Applicant understands the following:

- ___ Applicant has received a copy of the Del Mar Plaza Conditions of Use, read them, and will adhere to them.
- ___ Applicant will not publicize use of the Del Mar Plaza Facilities as an event venue until the attached Agreement is signed by an authorized Del Mar Plaza representative and returned to me/my business/my organization to confirm usage.
- ___ Applicant has enclosed a check for the use and damage deposit with this Application.
- ___ Applicant can provide a Certificate of Insurance.

Printed Name: _____ Title: _____

Authorized Signature: _____

Date: _____