

SOS OUTDOOR FACILITY USE APPLICATION

City of Poway Community Services Department
13325 Civic Center Dr. • Mail: P.O. Box 789, Poway, CA 92074-0789 • (858) 668-4580

LOCATION REQUESTED: _____

Nature of Use: _____ Anticipated Attendance: _____

Contact: _____ Phone #: _____

Company: _____ Business Cert #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

FOR OFFICE USE	
Permit #	<input type="text"/>
Date Received	_____
Received By	_____
Approved By	_____

Amplified Sound: Yes No If Yes, please describe: _____

Equipment to Be Used: _____

EVENT DATE: ____/____/____ OR MULTIPLE DATE(S): FROM: ____/____/____ TO: ____/____/____

DAY(S) OF WEEK: _____ WEEK(S) OF MONTH: _____

<u>LOCATION</u>	<u>SET-UP TIME BEGINS</u>	<u>EVENT BEGINS</u>	<u>EVENT ENDS/ BEGIN CLEAN UP</u>	<u>CLEAN-UP ENDS/ DEPARTURE TIME</u>	<u>TOTAL HOURS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1. Applicant shall adhere to all Facility Rental Rules and all applicable City codes and policies.
2. All State of California and County of San Diego regulations and Center for Disease Control guidelines for COVID-19 must be followed. Failure to adhere to the regulations may result in cancelation of a permit and rejection of future applications.
3. Commercial businesses require a City of Poway Business Certificate issued prior to 7/15/20.
4. Insurance is required. See Facility Use Insurance Requirements.
5. Any permits issued by the City of Poway Community Services will be canceled immediately upon reinstated approval of indoor spaces for religious services and fitness classes by the County of San Diego.
6. I have submitted a completed copy of the County of San Diego Safe Reopening Plan. as part of the application process. The plan reflects modifications for outdoor operations at the selected City facility.
7. Prior to use of the facility the applicant agrees to issue a copy of the Safe Reopening Plan to all employees, participants, and attendees and ensure compliance by all employees, participants and attendees. The Safe Reopening Plan will be posted at the location of the permitted use. A copy of the Plan must also be submitted with this application.
8. Prior to use of the facility, the applicant agrees to implement a reservation system to limit the number of attendees and for fitness classes will not accept drop-ins at the time of the class.
9. All equipment and supplies are our responsibility and will be set up and removed on the same day of use, within the approved permit time.
10. Use is restricted to religious services and fitness-oriented and training classes. No food service, potlucks, family-style eating and drinking events, or alcohol is permitted.
11. All trash and recycling will be placed in the proper receptacles and the area of use will not be damaged.

I have read and understand the above rules. Initial Here _____

Falsifying information on the Public Facility Use Application is grounds for denial and may result in criminal prosecution. I have read and understand the consequences of falsifying information on this application. I certify under penalty of perjury, that the information I have given on the Public Facility Use Application is true and correct to the best of my knowledge and belief. I, applicant, or representative for the applicant, understand and agree to obey all facility use rules, regulations, and policies.

APPLICANT SIGNATURE: _____

DATE: _____