

RECEIVED
MAY 18 2017
City of San Pablo

FACILITY APPLICATION TRACKING SHEET

(Leave yellow for coordinator)

Type of Event: Dinner Permit #: 1746

Applicant/Organization Name: Animal Refugee Response Event Date: June 17th 2017

Non-Profit Status Confirmed? ☒ (check on <http://kepler.sos.ca.gov/>)

Signed Policy Page (pg. 12)? ☒

Waiver Requested? Yes No Council Agenda Date: 6/5/17 RESO #: _____

Letter to CM Included? ☒ Due: _____

OFFICE CHECK LIST

Remaining balance \$ 703.04 Balance due date (30 days before rental): ____/____/____

Amount paid: \$ ____ Date paid: ____/____/____ Remaining balance: \$ ____

Amount paid: \$ ____ Date paid: ____/____/____ Remaining balance: \$ ____

City providing liability insurance (leave blank if not sure)? Yes No Waiting for

If no, liability insurance certificate was provided on ____/____/____

If yes, liability insurance certificate was written on ____/____/____

certificate of Insurance.

*Security Guards required? YES/NO

Date Guards Requested: _____

*If Yes, # of Guards Required: _____

Layout/Diagram Included? YES/NO NO

Date Layout/Diagram Needed by: June 2nd.

AV Equipment Requested? YES/NO NO

Desired Equipment: _____

Alcohol Requested YES/NO YES

*Background Questionnaire Included: YES/NO

*If yes, letter to Chief included (due now)? Have you made a copy of applicant ID: YES/NO YES

Date request was emailed to PD: _____ PD Permit Received: _____

NOTES: sent to LT on 5/18/17

Refund? Full Partial None Requested on: ____/____/____



CITY OF SAN PABLO
City of New Directions

FREE WAIVER REQUESTED

Rental Agreement # 1746

Facility Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Date Requested: June 24, 2017 Day of Week: Saturday Type of Event: Dinner

Set Up Time: 3:30 pm Event Time: 6:00 pm Clean-Up Time: 9:00 pm Total Hours: 5.5 6

All rental hours must be consecutive

Name of Applicant: Blythe Lucero Phone Number: (510) 230-3758

Name of Organization: Animal Refugee Response State Non-Profit ID# 45-3248828

Designated Person In Charge on the Day of Event: Blythe Lucero Phone: (510) 230-3758

Address: 106 SAN PABLO TOWNE CTR., SUITE 262 City: San Pablo Zip: 94803 6

Cell Phone: (707) 330-3747 Other: blythe@animalrefugee.org

Facility Requested (Maximum capacity):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Maple Hall (145) | <input type="checkbox"/> Davis Park Senior Center (50) | <input type="checkbox"/> Activity Room 2 (41) |
| <input type="checkbox"/> Church Lane Senior Center (139) | <input type="checkbox"/> Community Room A or B (48) | <input type="checkbox"/> Commercial Kitchen (2) |
| <input type="checkbox"/> San Pablo Community Hall Full (96) | <input type="checkbox"/> Teen Lounge (47) | |
| <input type="checkbox"/> Davis Park Multi-Purpose (80) | <input type="checkbox"/> Madeira Room (45) | |

Total Attendance: 120 Children (ages 1-12) 0 Teens (13-20) 0 Adults (21-35) 40 Adults (35+) 80

Will alcoholic beverages be served? ☒ YES* / ☐ NO For Sale? ☒ YES* / ☐ NO *If "YES" see page 9 of Rental Policy

Photo I.D Required: Type: CDL Number: N9454941

My signature certifies that I have read and understood the rules and regulations as set forth by the City of San Pablo Recreation Division governing the use of the Public Facility Rental Policies, that I will take full responsibility for ensuring that the use of this facility and areas by the organization/party I represent is in full adherence and compliance with these rules and regulations, and that I will hold the City of San Pablo harmless from any damage, claim for damage for personal injury or death, damage or loss of property, claim for damage to or loss of property incurred in the use of this facility. I will accept full responsibility for them throughout the period specified in the Facility Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use of the above requested facility. I am also aware that by signing this contract, I take full responsibility for the behavior exhibited by my guests during my rental.

SIGNATURE OF APPLICANT: Blythe Lucero DATE: 4/17/17

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$ <u>15</u>
Deposit	\$ <u>350</u>
Hourly Fee	\$ <u>300</u>
Insurance Fee (Will organization/applicant provide their own Insurance? _____)	\$ <u>128.04</u>
Alcohol Fee	\$ <u>50</u>
Staff Fees (\$20/person/hour)	\$ <u>225</u>
Security Guards	\$ _____
Equipment	\$ _____
Amount Total	\$ <u>763.04</u>

\$ 1069.04 Total

Recreation Staff Signature: _____ Date Received: 4/10/17 Approved ☐ Denied ☐ By: Lupe Guzman

CM Staff Signature: _____ Date Received: _____ Approved ☐ Denied ☐ By: _____

• Resolution #2017-____ and city manager's signature authorizes fee waiver in the amount of \$365 which does not include insurance fee. If applicant provides proof of coverage, Resolution authorizes fee waiver in the amount of \$493.04, thereby reducing applicant's amount to \$575. 12.1



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

FG13038**FILED**

In the office of the Secretary of State
of the State of California

SEP-28 2016

This Space for Filing Use Only

1. CORPORATE NAME

ANIMAL REFUGEE RESPONSE

2. CALIFORNIA CORPORATE NUMBER

C3407237

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

4. MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE

BLYTHE LUCERO 106 SAN PABLO TOWNE CENTER STE. 262, SAN PABLO, CA 94806

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

BLYTHE LUCERO 106 SAN PABLO TOWNE CENTER STE. 262, SAN PABLO, CA 94806

6. SECRETARY ADDRESS CITY STATE ZIP CODE

HEATHER ANDERSON 106 SAN PABLO TOWNE CENTER STE. 262 STE 100, SAN PABLO, CA 94806

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

VINCE CORBELLA 106 SAN PABLO TOWNE CENTER STE. 262, SAN PABLO, CA 94806

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS

GRANT ALLEN

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

3220 BLUME DR. SUITE 100, SAN PABLO, CA 94806

Common Interest Developments

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

09/28/2016

GRANT ALLEN

EA

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

ACCEPTANCE OF APPLICATIONS

In signing this application, I certify that I have received the Public Facility Rental Policies. I have read and understood the facility rules and instructions, and I (or organization represented) will abide by any conditions set forth therein. I agree to hold the City of San Pablo, the individual members thereof, and all of its officers, agents and employees, free and harmless from any loss, damage, cost of expense that may arise during or caused in any way by such use or occupancy of recreational facilities.

I understand that I (or organization represented) am responsible for any damages or fees sustained to the buildings, furniture or equipment through occupancy. Responsibility includes but is not limited to third party fines issued as a result of not following facility rental policies. Any lost equipment or damages sustained must be compensated within seven days of event date.

Name of Applicant (please print): Blythe Lucero

Signature of Applicant:  Date: 4/17/17

Organization Name (if applicable): Animal Refugee Response



April 17, 2017

Dear City Manager Rodriguez and Chief Rosales,

Animal Refugee Response is applying to use the Maple Room on Saturday, June 24, 2017 for its annual dinner. I am writing to you to request that the fees associated with renting the facility be waived.

Maybe you know of our work up in the Windy Flats area of San Pablo Dam Rd. sheltering our community's homeless, injured and sick cats and dogs, caring for them until they are healthy, then finding them new homes. You might also know of our work over the years assisting several of the City of San Pablo's departments with animal issues that they have encountered, including Police, Fire, and Maintenance Departments. We also received a San Pablo Community Foundation grant for our "Citizen Pit" program offering free spay and neuter to San Pablo pit bulls. In addition, last year the San Pablo Police K9 Unit appeared at our event. Vice Mayor Paul Morris has been one of supporters from the beginning in 2011.

Our organization is completely funded by the generosity of others. This dinner is one of our major fundraising events for the year. We would greatly appreciate your approval of a fee waiver in support of our non-profit activities that benefit the San Pablo community.

Sincerely,

Blythe Lucero

Founder and President

Animal Refugee Response



Applicant Name: BLYTHE LUCERO, ANIMAL REFUGEE RESPONSE
Applicant Address: 106 SAN PABLO TOWN CTR, SAN PABLO 94806
Applicant Address: _____
Applicant Phone Number: (510) 230-3758

Today's Date 4/18/17

Dear Chief of Police,

My name is BLYTHE LUCERO and I wanted to inform you that I have rented out
Applicant Name

MAPLE HALL with the City of San Pablo for a FUNDRAISING DINNER
Facility Name *Type of Event*

I have paid for the event to start at 3:00^{PM} until 9:00^{PM}
Start Time *End Time*

I will be serving alcohol starting at 6:00^{PM} until 9:00^{PM}
Start Time *End Time*

The type of alcohol I will be serving is BEER, WINE, SPIRITS
List all types of alcohol which will be served

I have paid for 3 security guards to be at the event.
of Guards

They are uniformed and licensed security guards from Bajan Security
Security Guard Company Name

The total cost of security guards for my event is \$ 225, which will be paid by _____
Guard Cost *Date Rental Fees are Due*

If you have any questions regarding my reservation please feel free to call me at (510) 230-3758
Phone Number

Thank you,

x Blythe Lucero
Applicant Signature