



FEE WAIVER REQUESTED

Rental Agreement #

2589

Facility Rental Application

ONLY SAN PABLO INCORPORATED RESIDENTS ARE ELIGIBLE FOR RESIDENT RATES

Date Requested: April 13 2020 Day of Week: Monday Type of Event: Bay Area Historical Meeting

Set Up time: 9:00 AM - 10:00 PM

Event time: 10:00 AM - 1:00 PM

~~Security Hours: 10:00 AM - 1:00 PM~~

Clean-Up time: 1:00 PM - 2:00 PM

Total Hours: 5 (All rental hours must be consecutive)

Total Hours of security: 3

Name of Applicant: Janet Pottier Phone Number: 510-236-7618

Name of Organization: San Pablo Historical and Museum Society State Non-Profit ID#: 09829024

Address: 13831 San Pablo Ave. City: San Pablo Zip: 94806

Phone: 510-255-7488 Email: sanpablomuseums@gmail.com

Designated Person In Charge on the Day of Event: Janet Pottier Phone: 510-236-7618

Facility Requested (Maximum capacity):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Maple Hall (new) (145) | <input type="checkbox"/> Davis Park Multi-Purpose (80) | <input type="checkbox"/> Madeira Room (45) |
| <input type="checkbox"/> Church Lane Senior Center (139) | <input type="checkbox"/> Davis Park Senior Center (50) | <input type="checkbox"/> Activity Room 2 (41) |
| <input type="checkbox"/> Library Community Room (105) | <input type="checkbox"/> Community Room A or B (48) | <input type="checkbox"/> Computer Lab (20) |
| <input type="checkbox"/> San Pablo Community Hall (96) | <input type="checkbox"/> Teen Lounge (47) | <input type="checkbox"/> Commercial Kitchen (2) |

Write the number of participants for each age group; the attendance numbers should be as accurate as possible.

Total Attendance: 40 Children (ages 1-12) 0 Teens (13-20) 0 Adults (21-35) 5 Adults (35+) 35

Will alcoholic beverages be served? ☐ YES* / ☒ NO For Sale? ☐ YES* / ☒ NO

*If "YES" see page 9 of Rental Policy

Photo I.D Required:

Type: Drivers license Number: U0046714

OFFICE USE ONLY	
Application Fee (Non-Refundable)	\$ <u>15.00</u>
Deposit	\$ <u>50.00</u>
Hourly Fee	\$ <u>350.00</u>
Insurance Fee (Will organization/applicant provide their own Insurance?) <u>yes</u>	\$ <u>1250.00</u>
Alcohol Fee	\$ <u>200.00</u>
Staff Fees (\$20/person/hour) <u>(2 staff) (5 hrs.)</u>	\$ <u>75.00</u>
Security Guards	\$ <u>640.00</u>
Equipment	\$ <u>150.00</u>
Amount Total	\$ <u>1540.00</u>

Recreation Staff Signature: _____ Date Received: 11/12/19 Approved ☒ Denied ☐ By: Megan D.

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

FEE WAIVER REQUESTED

Staff: Negan KD

RECEIVED
FEB 18 2020
CITY MANAGER/CITY CLERK
City of San Pablo

FACILITY APPLICATION TRACKING SHEET

(Leave yellow for coordinator)

Type of Event: Bay Area Historical Meeting Permit #: 2589
Applicant/Organization Name: Janet Potter Event Date: April 13th, 2020
Non-Profit Status Confirmed? ☒ (check on <http://kepler.sos.ca.gov/>)
Signed Policy Page (pg. 12)? ☒
Waiver Requested? Yes No Council Agenda Date: _____ RESO #: _____
Letter to CM Included? ☐ Due: _____

OFFICE CHECK LIST

Remaining balance \$ 625.00 Balance due date (30 days before rental): 3/13/19

Amount paid: \$ 65.00 Date paid: 11/12/19 Remaining balance: \$ _____

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

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

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

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

*Security Guards required? YES/NO NO

Date Guards Requested: N/A

*If Yes, # of Guards Required: N/A

Layout/Diagram Included? YES/NO NO

Date Layout/Diagram Needed by: April 1, 2020

AV Equipment Requested? YES/NO NO

Desired Equipment: April 13th, 2020

Alcohol Requested YES/NO NO

*Background Questionnaire Included: YES/NO NO

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

Date request was emailed to PD: N/A PD Permit Received: N/A

NOTES: Paid Deposit & App Fee - 11/12/19 Megan KD

Janet came to drop off letter for fee waiver 2/7/20 - JP

Spoke to Janet on 2/12/20 to let her know about staff fees / insurance - JP

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

AGREEMENT AND 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.

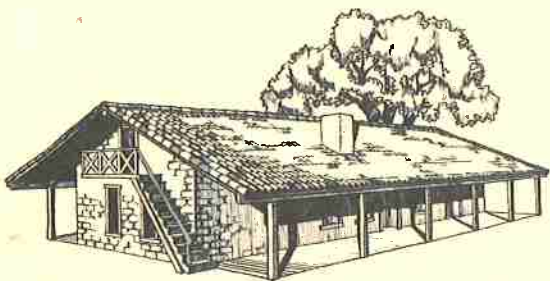
I accept full responsibility for them throughout the period specified in the Facility Rental Application. I further understand that as the applicant I assume full responsibility for any penalty fees assessed by the City of San Pablo for any violations of these rules and regulations governing the use 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.

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): Janet Pottier

Signature of Applicant:  Date: 11/12/2019

Organization Name (if applicable): San Pablo Historical & Museum Society



alvarado adobe

SAN PABLO

Historical and Museum Society

number 1 alvarado square, san pablo, california 94806

The San Pablo Historical and Museum Society, a 501(c)(3) nonprofit organization, has rented Maple Hall on Monday, April 13 from 9:00 am until 2:00 pm. We will be hosting a meeting of the Bay Area Historic House Museum Association (BAHHM). We are a member of this organization and it is our turn to host the quarterly business meeting, which includes providing breakfast and lunch. We will be showing our recently completed documentary film about Governor Alvarado and touring the Alvarado Adobe and Blume House.

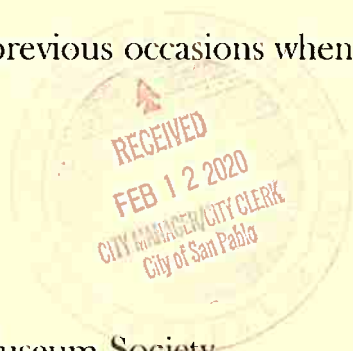
We are requesting a fee waiver of the facility rental of \$350.00, the AV equipment rental of \$75.00, the deposit of \$50.00 and the application fee of \$15.00 for a total of \$490.00. We have our own insurance so that amount is not included in the total.

The City has waived this fee on previous occasions when we have hosted the BAHHM Association meetings.

Sincerely,

Janet Pottier

The San Pablo Historical and Museum Society



GENE
COMINA
BY
2-12-20



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FY16802**FILED**

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

JUL-23 2018**1. CORPORATE NAME**

SAN PABLO HISTORICAL AND MUSEUM SOCIETY

2. CALIFORNIA CORPORATE NUMBER

C0982024

This Space for Filing Use Only

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

13831 SAN PABLO AVENUE, SAN PABLO, CA 94806

4. MAILING ADDRESS OF THE CORPORATION

CITY

STATE

ZIP CODE

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

JANET POTTIER 1529 EMERIC AVENUE4, SAN PABLO, CA 94806

6. SECRETARY

ADDRESS

CITY

STATE

ZIP CODE

RACHEL CABRAL -HEALY 667 40TH STREET, RICHMOND, CA 94805

7. CHIEF FINANCIAL OFFICER/

ADDRESS

CITY

STATE

ZIP CODE

AUDREY LASSON 13956 SAN PABLO AVE APT 100, 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** [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]

JANET POTTIER

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

13831 SAN PABLO AVE, 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.

07/23/2018

JANET POTTIER

BOARD PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

DATE (MM/DD/YYYY)
11/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc. 100 Pine Street, 11th floor San Francisco CA 94111	CONTACT NAME: Linh Campero PHONE (A/C, No, Ext): 415-403-1406 E-MAIL ADDRESS: lcamero@alliant.com INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	FAX (A/C, No): 415-874-4811
		NAIC # 18058
INSURED San Pablo Historical and Museum Society 13831 San Pablo Avenue San Pablo CA 94806	SPHISTORIC	

COVERAGES

CERTIFICATE NUMBER: 1085710412

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				PHPK2000171	8/8/2019	8/8/2020	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/>								MED EXP (Any one person)	\$ 5,000	
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:								\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>										\$
	<input type="checkbox"/>	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$	
	<input type="checkbox"/>	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$	
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	N/A					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$	
									E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence Only

CERTIFICATE HOLDER

Evidence Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

A. M.

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