

# FEE WAIVER REQUESTED

Staff: Joanna

## FACILITY APPLICATION TRACKING SHEET

(Leave yellow for coordinator)

Type of Event: Bay Area Historical Meeting Permit #: 2589  
Applicant/Organization Name: Janet Pottier Event Date: April 13, 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 \$ 559.50 Balance due date (30 days before rental): 3 / 13 / 2020  
Amount paid: \$ 65.00 Date paid: 11 / 12 / 19 Remaining balance: \$ 559.50  
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 ☒  
\*If Yes, # of Guards Required: \_\_\_\_\_

Date Guards Requested: N/A (meeting)

Layout/Diagram Included? YES/NO ☒

Date Layout/Diagram Needed by: April 1, 2020

AV Equipment Requested? YES/NO ☒

Desired Equipment: All AV

Alcohol Requested

YES/NO ☒

\*Background Questionnaire Included:

YES/NO ☒

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

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

NOTES: Janet wants to include the insurance fee in the fee waiver request -JP (3/5/20)

Refund? Full Partial None Requested on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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CITY OF SAN PABLO  
City of New Directions

# 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"/> <u>Maple Hall (100)</u> (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 checked="" type="checkbox"/> <u>Library Community Room</u> (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>175.00</u> |
| Insurance Fee (Will organization/applicant provide their own Insurance? <u>TBA</u> ) | \$ <u>104.50</u> |
| Alcohol Fee  | \$ <u>0.00</u>   |
| Staff Fees (\$20/person/hour) <u>(2 staff) (5 hrs)</u>                               | \$ <u>200.00</u> |
| Security Guards  | \$ <u>0.00</u>   |
| Equipment  | \$ <u>0.00</u>   |
| Amount Total   | \$ <u>624.50</u> |

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

CM Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved ☐ Denied ☐ By: \_\_\_\_\_

FYI  
COPY  
LF

## 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: 4/12/2019

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



# 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

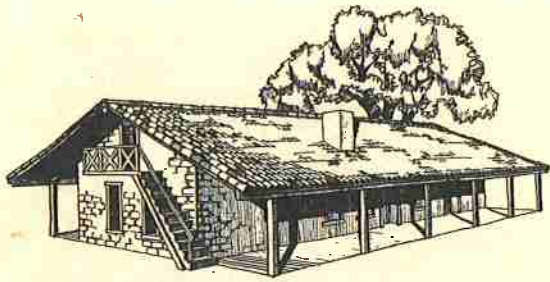
BOARD PRESIDENT

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



alvarado adobe

# SAN PABLO

## Historical and Museum Society

number 1 alvarado square, san pablo, california 94806

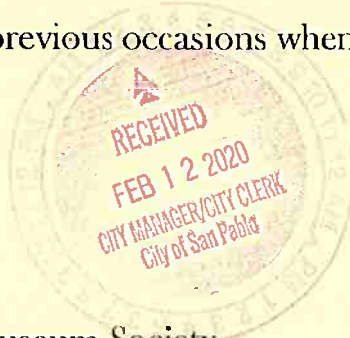
The San Pablo Historical and Museum Society, a 501(c)(3) nonprofit organization, has rented Maple Hall on Monday, April 13 from 9:00 am until 2:00 pm. We will be hosting a meeting of the Bay Area Historic House Museum Association (BAHHM). We are a member of this organization and it is our turn to host 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*  
Janet Pottier



The San Pablo Historical and Museum Society

