



# Facility Permit Application and Agreement

**Make Checks Payable to:**

City of Post Falls  
 408 N. Spokane Street  
 Post Falls, ID 83854  
 (208)773-3511 FAX: (2008)773-8362

\*Fees Subject to change Without Notice

**Application & Permit for Facility Use. Please type or print neatly.**

Applicant: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Non-Profit IRS#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Organization Type:  Non-Profit  For-Profit  Government  Corporation  Other : \_\_\_\_\_

**Event Information**

Event Title: \_\_\_\_\_ Event Description: \_\_\_\_\_  
 Will alcohol be served?  Yes  No Will alcohol be sold?  Yes  No  
 Will food/beverages be served?  Yes  No Will food/beverages be sold?  Yes  No  
 Estimated Attendance: \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_  
 Contact Person (On Site at Event): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Event/Activity Free?  Yes  No Open to the Public?  Yes  No  
 Facility Requested:  Council Chambers  Council Ante Room  Rotunda  Plaza  
 Equipment Requested:  Chairs/Tables  Electricity  AV/Presentation Equipment  Other : \_\_\_\_\_  
 Additional equipment you will provide & have on site: \_\_\_\_\_  
 List Street(s) affected by the event and proposed closures. For parades and runs, include start/finish lines and route:  
 \_\_\_\_\_

Room/Equipment	Date	Day	Time In Includes set-up	Time Out Includes clean-up	For Office Use Only		
					Days	Fee	Sub Total

**Indemnification:** Applicant hereby agrees to defend, indemnify and hold harmless the City of Post Falls, and their council members, officers, staff, employees, servants, attorneys, and agents (hereinafter collectively the "City Representatives") from and against any and all claims, demands, expenses, liabilities, disputes, rights, remedies, and causes of action of every kind and nature whatsoever, including attorney's fees (hereinafter collectively "Claims") asserted by anyone including any person, entity, or governmental agency, which Claims arise from, or in any way relate to: (a) the proposed use of City premises or facilities; (b) the event described herein; (c) service or use of alcoholic beverages, if any; or (d) any acts or omissions of Applicant or Applicant's officers, employees, volunteers, invitees, or guests, or any participant in the proposed event. This provision applies regardless of any active or passive negligent act or omission of City Representatives but does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of City Representatives. This indemnification applies even if insurance is required.

Rental Total	
Staff Fees	
AV Fee	
Deposit Amount	
Credit Card (type) AMEX MC VISA	
Check # _____	
Cash	
Rec'd by:	
Balance Due	
Credit Card (type) AMEX MC VISA	
Check # _____	
Cash	

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
 By initialing here, Applicant acknowledges receipt of the "City Hall Campus Facilities Use Policies" and agrees to those Policies: **Initial Here:** \_\_\_\_\_

**For Office Use Only**

Insurance Required?  Yes  No  
 Ins. Certificate # \_\_\_\_\_  
 Deposit Due Date: \_\_\_\_\_  
 Final Payment Due: \_\_\_\_\_  
 Deposit Refund: \_\_\_\_\_

Application:  Approved  Denied Supervisor: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Reservation Type:  Council Chambers  Council Ante Room  Rotunda  Plaza \_\_\_\_\_