

by the City is necessary.

SACRAMENTO HISTORIC CITY CEMETERY 1000 BROADWAY, SACRAMENTO CA 95818 (916) 201-6254/lbauder@cityofsacramento.org

EVENT REQUEST FORM

Date of Request:					
Type of Event:					
Date of Event:			Start Time:		End Time:
Number of People Attending:		Set-	-Up and Clean-Up Time	Needed:	
Sponsoring Organization:					
Responsible Party:			Contact Number: <u>(</u>)	
Email:			Mailing Address:		
			-		
Event Information:					
Will food be served?	Yes □	No 🗆			
Will amplified sound be used?	Yes 🗆	No □			
Will alcohol be sold or served?	Yes 🗆	No □			
Location within Cemetery: (attach	ı map if app	licable)			
How many of these items will be	used at the	event?			
·				Other Items:	
Tables (6'):					
Rules and Regulations					
Initial In case of emergency cancel the scheduled activity prio		•	•	-	~

Initial I hereby attest that the information in this application is true and correct. I understand that this is only an application and not a guarantee the activity will be permitted.
Initial The Responsible Party will be financially responsible for any costs incurred by the City for damages to City property.
Initial The Responsible Party agrees to fully indemnify, defend, and save harmless, the City of Sacramento, it's officers, agents, employees, and volunteers from and against all actions, damages, costs, liability claims, losses, judgements, penalties and expenses of every type and description, to the extent such liabilities are caused by or result from any negligent act or omission or willful misconduct of the event participants in conncetion with its use of City of Sacramento facilities.
Initial All debris and trash must be removed from the permitted site immediately after the event.
Initial Sacramento City Code 12.72.135 prohibits smoking in the City cemetery.
Initial If insurance required under City determination for your activity, it must be submitted on a standard ACORD form, or on the insurance company's letterhead. The City of Sacramento must be listed as the certificate holder as well as additional insured with respects to General Liability. An endorsement naming the "The City of Sacramento, its officials, agents, employees, and volunteers" must accompany the Certificate of Insurance. The endorsement page is often referred to as page CG 2011.
Agreement and Signature
I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf.
Name(printed): Date:
Signature:
City Determination
Approved: Yes \(\simega \) No \(\simega \) Insurance Required: Yes \(\simega \) No \(\simega \)
Other Conditions:
City Representative: Date: