



Bellevue Parks & Community Services

Indoor Facility Use Request Form

Highland Community Center

14224 NE Bel Red Rd | Bellevue, WA 98007

PO Box 90012 | Bellevue, WA 98009

HCC@BellevueWA.gov

(425) 452-7686

Contact Information

Organization: _____ Today's Date: _____

Address: _____ Non-profit ID #: _____

City: _____ State: _____ ZIP Code: _____

Primary Contact Name: _____

Email Address: _____ Cell Phone: (____) ____ - _____

Address: _____ Work Phone: (____) ____ - _____

City: _____ State: _____ ZIP Code: _____

Alternate Contact Name: _____

Email Address: _____ Cell Phone: (____) ____ - _____

Rental Information

Event Name: _____

Name of Facility: _____ Room(s): _____

Event Date(s) _____

Rental Time(s) (Include set-up, take-down, and clean-up): _____ to _____

Event Time(s) (Guest arrival and departure, or hours event is open to public): _____ to _____

Estimated Attendance: Adults: _____ Youth: _____ Total: _____

Type of Use

☐ **Private** includes a planned guest list limited to a set number of people that RSVP in advance.

☐ **Public** is invited through word-of-mouth, flyers, or media advertising and the number of attendees may vary.

How will the space be used? _____



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Agreements

The undersigned hereby makes an application to City of Bellevue for use of the Parks & Community Services facility described above and certifies that the information given in the application materials is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules, regulations, policies and procedures of the City of Bellevue and Parks & Community Services Department. The applicant assumes responsibility for the conduct of their guests and/or contractors associated with or attending the event. The applicant agrees to exercise the utmost care in the use of the premises and property and to hold the City of Bellevue harmless from all liability resulting from the use of said facilities. The applicant further agrees to reimburse the City of Bellevue for any damage arising from the applicant's use of said facilities. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

I have read, understood, and agree to comply with all procedures in the City of Bellevue's Facility Rental Guidelines and the Supplemental Form documents for the facility I am requesting to use. I further certify that I am 21 years of age or older.

Signature: Primary Contact: _____ Date: _____

Next Steps:

In addition to this form, complete and submit:

- _____ Facility Supplemental Form
- _____ Payment Authorization Form
- _____ Indoor Facility Special Use Form (if applicable)



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-7686 (voice) or email HCC@BellevueWA.Gov . For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.



Event Details

Indicate the room(s) you want to reserve (mark all that apply):

☐ Multi-Purpose Rm ☐ Kitchen ☐ Fireside Rm ☐ Gym ☐ Art Rm ☐ Resource Rm

Indicate how you will use the space (mark all that apply):

☐ Class ☐ Concert ☐ Meeting ☐ Party ☐ Other (specify): _____

Will you be serving food? ☐ Yes ☐ No

If yes, who is providing? ☐ Group member ☐ Caterer-delivered ☐ Caterer-prepared/served*

Will there be music? ☐ Yes ☐ No

If yes, please specify: ☐ A/V system ☐ DJ* ☐ Live (which instruments?) _____

Will there be other Entertainment or Games? ☐ Yes ☐ No

(E.g. face painter, magician, photo booth, etc...)

If yes, what is planned? _____

Who is providing it? ☐ Bringing it ourselves or ☐ Hiring a company *

Will there be other Additional Equipment brought in? (E.g. decorations, staging, etc...)

☐ Yes ☐ No If yes, what is planned? _____

Who is providing it? ☐ Bringing it ourselves or ☐ Hiring a company *

***Special Uses:** A permit is required if hiring a company to provide any services or equipment in the facility during use. An **Indoor Facility Special Use Form** must be received no less than 30 days before facility use for approval.

Will you be serving alcohol? ☐ Yes** ☐ No

Will you be selling alcohol? ☐ Yes** ☐ No

** If yes, a Washington State Liquor & Cannabis Board Banquet Permit or Special Occasion License and an alcohol server with a Class 12 Permit are required. See **Facility Rental Guidelines** for all requirements that must be met a minimum of two weeks prior to reservation date for approval. Alcohol service may not be approved during hours of scheduled youth programs in the complex.

Will you be collecting admissions? ☐ Yes ☐ No If yes, estimated amount: _____

Will you be selling items/food? ☐ Yes ☐ No If yes, what kind of items?: _____

Equipment (included with rental)

Renters are responsible for the care, condition, and cleaning of any equipment being used. The room has an inventoried set of tables/chairs available for use. **Table coverings are required.** It is the responsibility of the applicant to set-up, move tables and chairs for their purpose and to return room to original condition

Room equipment needed: (how many?)

____ Chairs ____ 6 ft Rectangular Tables ____ 5ft Round Tables (MPR only) ☐ Podium (MPR only)

☐ White Board (Art/Resource Only) ☐ Projector (MPR only) ____ Microphones (Limit 2, MPR, RR, AR only)

Kitchen equipment needed: ☐ Microwave ☐ Refrigerator ☐ Stove/Oven



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Payment Authorization Form

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HCC@BellevueWA.gov

(425) 452-7686

1. Cardholder Name: _____

Organization Name (if applicable): _____

Cardholder Phone Number: _____

Cardholder Email: _____

☐ **Leave Card on File** (Complete Section 2 and sign the form) ☐ ****Will Pay in Person**

☐ ****Call Me to Pay Over the Phone** ☐ ****Will Pay Via Check** (Payable to City of Bellevue)

****Please note that if payment is not received within two business days of receiving invoice/permit, rental may be canceled.****

2. Is this authorization for a ☐ **Single Rental** or ☐ **On-Going Use?**

If **Single Rental** only, this form will be kept on file in a secure location. After the reservation date has passed the card number will be redacted.

☐ Full Balance or ☐ Amount Due per Payment Plan/Schedule

If **On-Going Use**, is the City of Bellevue authorized to keep this form on file in a secured location and / or the credit/debit card number on CivicRec to process rental payments on a regular schedule?

☐ Yes ☐ No

If Yes, you will be contacted to discuss the options (including frequency, amount, and opting out).

Do you authorize anyone else in your organization or family to approve payments to this card?

☐ Yes ☐ No

If Yes, please provide their contact information and the maximum amount authorized for transactions requested by them without your written approval.

Name _____ Phone # _____ Amount Approved \$ _____

VISA or MasterCard Number: _____ Exp. Date: _____ CVV #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Amount Approved: \$ _____ Not to Exceed \$ _____ without written authorization.

I understand that it is my responsibility to update this information as the authorization status or credit/debit card expiration date changes. This authorization is effective on the date accepted and approved by the City of Bellevue and will remain in effect until rescinded by me or the City of Bellevue.

Printed Name

Date

Cardholder Signature



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Organization (if applicable):

Reservation Date

Primary Contact:

Cell Phone #:

E-mail Address:

Instructions

A permit is **required** if you **hire a company** to provide services or equipment for your event.

1. Submit this completed form at least **30 days before** your reservation. Incomplete or altered forms will not be accepted.
2. Send by email (as an attachment) to **HCC@bellevuewa.gov**
– OR –
Mail to:
Bellevue Parks – Rentals
Attn: Highland Community Center
PO Box 90012
Bellevue, WA 98009-9012
3. If approved, you'll receive a confirmation email.
4. **Important:** Contact the facility before hiring a company—some special uses may not be allowed.

Company Requirements

- **A Certificate of Insurance (COI) is required from all hired companies:**
 - o The City of Bellevue, its officials, employees & volunteers, PO Box 90012, Bellevue, WA 98009-9012 must be listed as Certificate Holder and named as Additional Insured. Minimum amount of General Liability is \$1,000,000 per occurrence, \$2,000,000 aggregate.
 - o A minimum of \$500,000 Automobile Liability is required for company vehicle access beyond the parking lot
- **Must have a WA State UBI number.**
- **Must also register and obtain a Bellevue business license** if they meet certain requirements. If you have questions, contact the Bellevue Tax Office at 425-452-6851 or visit: <https://bellevuewa.gov/city-government/departments/finance/business-taxes>.

Additional Requirements

Food & Catering

- A **Health Department permit** is required for all food service.
- **Food trucks or trailers** also need an **Operational Permit** from the Fire Department. Call **425-452-6872** or visit: bellevuewa.gov/fire-permits

Additional Requirements (Continued)

Entertainment/Games:

- Copy of order or contract.

Equipment:

- Copy of order or contract.
- All equipment must be delivered and picked up during scheduled facility use.
- For stages larger than 4'x4' or taller than 12" above ground, submit a plan to secure the stage when not in use.

Company Info Section

Company Name:	WA UBI #:	
Company Contact:	Phone:	
E-mail:		
Mailing Address:	City	ZIP

Company Name:	WA UBI #:	
Company Contact:	Phone:	
E-mail:		
Mailing Address:	City	ZIP

Company Name:	WA UBI #:	
Company Contact:	Phone:	
E-mail:		
Mailing Address:	City	ZIP

Rules & Regulations: Initials required on each item.

_____ I understand that it is my responsibility to comply with all requirements and conditions set forth and that the request may be denied if requirements are not met.

_____ I have read the Facility Rental Guidelines and understand the city codes, policies and ordinances, including the Parks and Recreation Facilities Codes at <https://Bellevue.Municipal.Codes/BCC/3.43>, governing use of the Bellevue Parks and agree to abide by them.

_____ After an inspection of the facility, any damage will be assessed based upon repair or replacement costs. Renter will be notified by email of any damage and an invoice will be submitted to collect charges.

Permit Fees

Food/Catering - \$50 per company **Entertainment/Games** - \$30 per activity

Equipment - \$50 per company **Payment** options will be provided upon permit approval.

NOTE: Forms received less than 30 days prior to reservation date may not be approved.