

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) (Attach a separate sheet if needed): _____

Requested 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:** _____

Maximum capacity varies by rooms requested. SBCC Community Rooms A/B maximum capacity is 150.

Type of Use

☐ **Private** includes a planned guest list limited to a set number of people who 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? (mark all that apply)

☐ Meeting ☐ Class/Lesson ☐ Wedding ☐ Party ☐ Celebration of Life ☐ Other

*If other, please specify: _____

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: _____

Facility Rental Contact Information

In addition to this form, complete and submit: the Facility Supplemental Form, Credit Card Authorization Form, and Indoor Facility Special Use Form (if applicable).

Mailing Address:

City of Bellevue
Parks & Community Services
Attn: South Bellevue Community Center
PO Box 90012
Bellevue, WA 98009-9012



For alternate formats, interpreters, or reasonable modification requests please phone at least 48 hours in advance 425-452-4240 (voice) or email SBCC@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.

Event Details

Will food be served? ☐ No ☐ Yes If yes, who is providing? ☐ Bringing it ourselves **or**
☐ Food Vendor/Caterer Dropped Off **or** ☐ Food Vendor/Caterer stays at facility during event*

Will there be music? ☐ No ☐ Yes If yes, who is providing? ☐ Bringing it ourselves **or**
☐ SBCC Sound System **or** ☐ Hiring a DJ* **or** ☐ Live (which instruments)_____

*Sound System includes 2 wireless mics and speakers. Connects via Aux Cable.

Will there be other entertainment or games? Examples: face painter, magician, animal show
☐ No ☐ Yes If yes, please describe the entertainment or games that will be provided:

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

Will there be additional equipment brought in? Examples: stages, backdrops, decorations
☐ No ☐ Yes If yes, please describe the equipment that will be brought in:

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

***Special Uses:** A permit is required in advance if hiring a company to provide any on-site services or equipment for the reservation. An [Indoor Facility Special Use Form](#) must be submitted no less than 30 days prior to the reservation date to be considered for approval.

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

Will concessions be sold? ☐ No ☐ Yes If yes, what is being sold:_____

Alcohol Service

Will alcohol be served? ☐ No ☐ Yes*

Will alcohol be sold? ☐ No ☐ Yes*

*If yes, a Washington State Liquor & Cannabis Board Banquet Permit or Special Occasion License and an alcohol server with a Class 12 Permit is required. See the [Facility Rental Guidelines](#) for requirements. Requirements must be met a minimum of 14 days prior to the reservation date for approval.

Equipment

Renters are responsible for the care, condition, and cleaning of any equipment being used. The facility has an inventoried set of tables and chairs available for use. Table coverings are required, and not provided by the City. **It is the responsibility of the renter to set up and move the tables and chairs for the purpose of their event.** Please return all furniture and equipment to their original locations before leaving the facility.

Room Equipment Needed: (mark all that apply)

_____ Chairs (150 Available)

_____ 6ft Rectangular Tables (20 Available)

_____ 5ft Round Tables (16 Available)

_____ Card Tables (6 Available)

☐ LCD Projector/Screen

Kitchen Equipment Needed: (mark all that apply)

☐ Refrigerator

☐ Freezer

☐ Gas Stove/Oven

☐ Dishwasher

☐ Microwave

☐ Warming Oven/Trays



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Section 1.

Cardholder Name: _____

Organization Name (if applicable): _____

Cardholder Phone Number: _____

Cardholder Email: _____

- ☐ Email Me an Invoice to Pay Online ☐ **Leave Card on File** (Complete Section 2 and sign the form)
☐ Call Me to Pay Over the Phone ☐ Will Pay Via Check (Payable to City of Bellevue)

Section 2.

Is this authorization for a ☐ **Single Rental** or ☐ **Ongoing 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.

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

☐ Yes ☐ No If Yes, you will be contacted to discuss the options (including 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 Number

Amount Approved

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

Billing Address: _____

City: _____ State: _____ Zip: _____

Amount Approved: ☐ Full Balance ☐ Amount Due per Payment Plan/Schedule

Not to Exceed \$ _____ without written authorization.

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

Printed Name

Date

Cardholder Signature

Daytime Phone Number



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