



2018 APPLICATION AND PERMIT FOR WEDDING RECEPTION

TYPE OF ACTIVITY:	Ceremony/ Reception	DATE(S):		TIME:		TO	
NAME OF PARK:	Arboretum		Set-up				
AREA OF PARK:							

NAME OF GROUP OR APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ CONTACT: _____ CITY _____ ZIP _____

1) What activities will the group be doing in the park? (Only listed activities will be considered as approved.)

2) List all equipment that will be brought into the park: _____

3) Will there be amplified sound? _____ If so, what type? _____
(If the sound system disturbs other park patrons, park staff may require that it be turned down or off.)

(Vehicles cannot enter walks, paths, trails, tram roads, planted areas, etc. without prior approval)

4) How will those attending the event be notified of it? (e.g., invitations, newspaper, notice, posters, etc.)

5) How many people area expected? _____ Will minors (under age 18) attend? _____

6) Please list two responsible adults who will attend the event and who agree to be responsible for the activities and conduct of all persons who come to the park as a result of this event:

NAME OF PRIMARY CONTACT:	_____	WORK PHONE:	_____
ADDRESS:	_____	HOME PHONE:	_____
CITY/ZIP:	_____		
NAME OF SECOND CONTACT:	_____	WORK PHONE:	_____
ADDRESS:	_____	HOME PHONE:	_____
CITY/ZIP:	_____		

FOR OFFICE USE ONLY

Note: Non-refundable Reservation Fee applies toward _____
 The remaining balance.

FEES, CHARGES, AND DEPOSITS:	AMOUNT	DATE DUE	DATE PAID	RECEIPT NO.
RENTAL FEES				
Non-Refundable Deposit	\$ 500.00	_____	_____	_____
Event Catering Fee	%15 of Total Bill	_____	_____	_____
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
	\$ _____	_____	_____	_____
SITE FEE IF USING THE PEACOCK CAFE	\$ 500.00	_____	_____	_____
CLEANING FEE (NON-REFUNDABLE)	\$ 100.00	_____	_____	_____
	_____	_____	_____	_____
_____ Grand Total	\$ _____	_____	_____	_____

I HAVE READ THE TERMS AND CONDITIONS ABOVE AND ON THE REVERSE SIDE AND AGREE TO COMPLY:

Signature of Permittee/Representative _____ Date _____

APPROVED OR DENIED (CIRCLE ONE)

TO ARBORETUM _____
 (Signature)

RESERVATION TAKEN BY:

_____ Date _____
 Nicole Olivas, Owner, The Fresh Gourmet
 Carlos Manjarrez, Owner, The Fresh Gourmet
 (626) 446-2248 E-mail: thepeacockcafe@gmail.com

THIS IS NOT A RECEIPT, PLEASE OBTAIN ONE FOR ALL PAYMENTS MADE

LOCATION: ARBORETUM - _____ Peacock Café Other: _____ FUNCTION: CEREMONY/RECEPTION _____ ACTIV. ADLT