



CAFÉ / PATIO APPLICATION
PHONE 415.473.6576

This Application/Contract is issued in accordance with the policies established by the Marin County Board of Supervisors. Failure to comply with these conditions may cause reason to revoke this agreement. Please review the Conditions prior to completing this agreement.

Applicant Name: _____

Organization/Individual Name: _____

Caterer Name: _____ Telephone: _____

Organization/Individual Address: _____

City: _____ State: _____ Zip Code: _____

Organization/Individual Phone: _____

Facility Requested: Café _____ Patio _____

Date: _____ Day: _____ Hours from: _____ Hours to: _____

Type of event: _____ Estimated Attendance: _____

Youth: _____ Adult: _____ Senior: _____

HOLD HARMLESS AGREEMENT

The above stated organization/individual assumes and agrees to protect, save harmless and indemnify the County of Marin, its officers, agents and employees from any and all claims, liabilities or cause of action, including claims for injuries or death to persons, or damage to persons or property arising out of or in connection with all of its activities within the above facility, including swimming.

I have read and agree to abide by the conditions as stated above.

Signature of Applicant

Make check for \$ _____ payable to "COUNTY OF MARIN, DPW",
and mail to County of Marin, PO Box 4186, San Rafael, CA 94913

FOR OFFICIAL USE ONLY

TOTAL FEES (if applicable) _____

Date received: _____ Permit No. _____ Received by: _____

Approved by: _____

Send applications to:

Patrick McNerney-DPW; Mike Norton-DPW; Dave Hatterm-Parks & Open Space; Dianah Webb-Parks & Open Space; Dave Dibble-Parks & Open Space; Cafeteria