



CITY OF DUBLIN

Approved Caterer Application

City of Dublin, Parks and Community Services Department
11600 Shannon Avenue
Dublin, CA 94568
(925) 556-4500

Applications must be submitted no less than "30 days prior" to the rental date for which you have contracted to provide catering services. Copies of the required permits, licenses and certifications as noted below must be attached to the application. and the kitchen training completed at least two (2) weeks prior to the rental date. Approval takes 3-5 business days for processing. You will receive notification of your application status in the mail with instructions on how to schedule a kitchen orientation and training.

Applicant Information

Business Name: _____

Owner's First and Last Name: _____

Business Phone: (_____) _____ - _____ Ext: _____

Cell Phone: (_____) _____ - _____

FAX Number: (_____) _____ - _____

Catering Representative's Name: _____

Business Phone: (_____) _____ - _____ Ext: _____

Address: _____ City: _____ Zip Code: _____

Website: _____

E-Mail: _____

Description of Business/Services:

Waiver and Release:

THE UNDERSIGNED, in consideration of the use of the City's facilities and premises, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE THE CITY OF DUBLIN, its officers, employees, and agents ("the City") for any loss or damage, and any claim or demands therefore on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorneys' fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

Signature of Owner

Dated

FOR OFFICE USE ONLY

APPROVED DENIED

 Parks and Community Services Manager

 Date

DATE ADDED TO APPROVED LIST _____

TRAINING FEE PAID ON: _____ PAYMENT TYPE: _____ RECEIPT NUMBER: _____

APPLICATION IS INCOMPLETE:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business License is not attached | <input type="checkbox"/> Food Handling Certificate is not attached | <input type="checkbox"/> Alcoholic Permit is not attached |
| <input type="checkbox"/> Business License has expired | <input type="checkbox"/> Food Handling Certificate has expired | <input type="checkbox"/> Alcoholic Beverage Permit has expired |
| <input type="checkbox"/> Other: _____ | | |

Letter sent to applicant Date _____

Called applicant Date _____ Time _____

DUBLIN SENIOR CENTER TRAINING SCHEDULED: Date _____

DUBLIN SENIOR CENTER TRAINING COMPLETED: Date _____

SHANNON COMMUNITY CENTER TRAINING SCHEDULED: Date _____

SHANNON COMMUNITY CENTER TRAINING COMPLETED: Date _____

NOTIFICATION MAILED REGARDING EXPIRATION OF PERMIT, LICENSE AND/OR CERTIFICATION:

<input type="checkbox"/> Business License Expires: _____	<input type="checkbox"/> Food Handling Certificate Expires: _____	<input type="checkbox"/> Certificate of Insurance Expires: _____	<input type="checkbox"/> Alcoholic Permit Expires: _____
Date _____			

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Date _____			

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Date _____			

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Date _____			