



EL DORADO COUNTY Environmental Management

Henningsen Lotus Park (Pavillions)
(Park and Facility Desired)
PERMIT APPLICATION

River Management Division
2850 Fairlane Court Bldg. C
Placerville, CA 95667
(530) 621-5300 FAX (530) 626-7130

DATE OF REQUEST: 04/04/2012

APPLICANT: <u>Mindy Jackson</u>	ORGANIZATION: <u>El Dorado Transit</u>
ADDRESS: <u>6565 Commerce Way</u> <u>Diamond Springs, CA 95619</u>	CONTACT: <u>Mindy Jackson</u>
TELEPHONE: Home: <u>(5630) 919-6245</u>	Business: <u>(530) 642-5383 ext 210</u>

SEASON DATES: <u>May 19, 2012</u>	DAILY HOURS: <u>12:00 Noon to Dusk</u>
ACTIVITY: <u>Employee/Family Picnic</u>	
ESTIMATED DAILY ATTENDANCE: <u>75 adults/11 children</u>	PARTICIPANT FEE CHARGED: <u>None</u>

AGREEMENT TO HOLD HARMLESS
 Permittee agrees to indemnify the County, its officers, agents and employees and hold them harmless from and against all loss, damage, expenses and liability resulting from injury to or death of any person and loss of or damage to property or claims of such injury, death, loss or damage, and arising out of or connected with the use of the permitted facilities by permittee. In addition, permittee waives all claims or causes of action against the County, its officers, agents or employees for damage to or loss of property of any kind or for injury to persons occurring in or upon the permitted facilities arising from any cause other than the negligence or willful misconduct of the County, its officers, agents or employees and to which the permittee or his agent in no way contributed, either actively or passively, causing such damage, loss or injury.

AGREEMENT TO ABIDE BY RULES AND REGULATIONS
 Permittee agrees to abide by rules, regulations and conditions adopted by the El Dorado County Board of Supervisors as set forth in the County Ordinance Code, Chapter 4586 and the Airports, Parks and Grounds Use Permit and Fee Schedule Program and understands that permission for use of park facilities is contingent upon compliance with these rules, regulations and conditions.

Applicant Signature: *Mindy Jackson* Date: 4/5/12

TO BE COMPLETED BY OFFICE STAFF

FEE: _____	REFUNDABLE DEPOSIT: _____	WORK PROJECT CREDIT: _____	TOTAL: _____
(Optional)			
INSURANCE PROVIDER: _____			
PAID BY: _____ Cash	_____ Check (No. _____)	REFUND: _____	
RECEIVED BY: _____	DATE: _____	DATE TO FISCAL: _____	RECEIPT # _____

APPROVAL / DENIAL	
_____ Approved	_____ Denied -- Reason _____
Rescheduled to _____	Comments _____
DATE: _____	BY: _____