

JOAQUIN MILLER COMMUNITY CENTER

Dear valued customers,

Joaquin Miller Community Center is nestled among the majestic redwood trees inside Joaquin Miller Park. The 8,500 square-foot, rustic wood framed, one story community center, with exquisitely designed stained glass windows and doors, is one of Oakland Parks and Recreation's premier facilities.

The Cascades tumbling from the Amphitheater, through redwoods, finishing in a reflection pond provide a beautiful and unique ceremony venue or backdrop for photos. Amenities include a modern commercial grade kitchen, assembly rooms, conference rooms, an outdoor deck and an attractive alcove containing original artwork and a working fireplace. Onsite parking is available.

Please be aware that, although reservations are booked on a first come first serve basis, they are not finalized until you have received a confirmation from our site.

Thank you for choosing Oakland Parks, Recreation & Youth Development.

Sincerely,

Joaquin Miller Reservations Staff



CITY OF OAKLAND
PARKS, RECREATION &
YOUTH DEVELOPMENT

510-482-7871

jmccreservations@gmail.com

3594 Sanborn Dr, Oakland, CA 94602

JOAQUIN MILLER COMMUNITY CENTER

To Secure a Calendar Date Requirements:

- *A completed rental application
- *Minimum Payment (Half of rental rate+Deposit+Application fee)
- *Copy of a Valid driver's license of a State Identification Card
- *Oakland Police Department Permit
- *Fire Services Application
- *Certificate of Insurance for event

Method of payments:

- *Credit/debit cards (Visa or MasterCard only); Credit Card authorization form is required.

Cancellation Fees Policy:

- *61 Days or More Notice: Forfeit HALF of deposit
- *30 to 60 Days Notice: Forfeit FULL deposit
- *30 Days or Less Notice: Forfeit ALL Fees

Deposits (REFUNDABLE):

- *Conference Rooms: \$300.00
- *Assembly Rooms: \$400.00
- *Entire Building: \$600.00

Rental Hours:

- *Weekday rentals (Monday-Thursday): 6:00AM to 12:00AM
- *Weekend rentals: (Friday-Sunday): 6:00Am to 1:00AM

Room Capacities	<i>Banquet</i>	<i>Theater</i>	<i>Standing</i>
Single Assembly Room	80	90	100
Assembly Rooms Combined (w/ dance floor)	130	175	272
Assembly Rooms Combined (w/o dance floor)	160	175	272
Conference Rooms (A/B/C)	16		35



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Rental Rates (4hr minimum)

Weekday (Monday-Thursday)	Residents	Non-Residents	Non-Profit	Corporate
Assembly Room 1 or 2	\$195/ hr	\$217/ hr	\$175/ hr	\$230/ hr
Assembly Rooms Combined	\$280/ hr	\$319/ hr	\$235/ hr	\$330/ hr

Weekend (Friday-Sunday)

Assembly Room 1 or 2	\$205/ hr	\$229/ hr	\$185/ hr	\$240/ hr
Assembly Rooms Combined	\$290/ hr	\$331/ hr	\$255/ hr	\$340/ hr

Monday-Sunday

Conference Rooms (A/ B/ C)	\$35/ hr	\$42/ hr	\$30/ hr	\$45/ hr
Entire Building (w/ o kitchen)	\$420/ hr	\$487/ hr	\$365/ hr	\$500/ hr
Kitchen (w/ o room rental)	\$100/ hr	\$100/ hr	\$100/ hr	\$100/ hr

Additional Fees

Application Fee	Mandatory	\$30
Setup/take down	Mandatory	\$150
Additional Set Up		\$75
Kitchen		\$125
Alcoholic Beverages	Champagne, Beer, Wine	\$125
	Distilled spirits, Champagne, Beer, Wine	\$195
Administrative Service Fee	30 days or less	\$75



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Rental Application

ATTENTION: _____

Date of Application: _____

RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD. PHOTO ID IS REQUIRED

Name of Business/Organization: _____

Business/Organization Address: _____

Applicant Name: _____ Street Address _____ City _____ Zip Code _____

Applicant Mailing Address: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Facility/Park Name: _____

Room(s)/Site(s) _____

EVENT INFORMATION:

Date(s) of Event: _____

Time In/Prep Time _____ Actual Event Time _____ to _____ Cleanup/Time Out _____

TYPE OF EVENT/PURPOSE: (be specific, i.e., Wedding Reception, Meeting, Birthday Party, Banquet, Picnic, BBQ, Walk, Run, Festival, Rally, Quinceanera, BarMitzvah/BatMitzvah, etc.)

General Public Allowed: ☐ Yes ☐ No Sound Amplification: ☐ Yes ☐ No Non-Amplified Sound: ☐ Yes ☐ No

Type of Equipment to be used: (i.e., musical instruments, live band, cd player, amplifiers, microphones, etc.)

Note: Charging admission, selling tickets or merchandise, or solicitation of money in any manner must be approved by the Parks and Recreation Advisory Commission 60 days or more in advance of event date.

Number of Participants (Total) _____ Approximate # of Adults _____ # of Teens _____ # of Children/Infants _____

Please provide below special accommodations/requests for your event. If no special accommodations required, please write NONE.

Will you require a caterer for your event? ☐ Yes ☐ No Name of Caterer: _____

RENTAL FEES (The minimum rental requirement and deposit are required when the facility is reserved 31 days or more in advance.)

Non-Refundable Permit Processing Fees: Park Use/ Building Rentals/Special Events (Parks): \$30

(1) _____ x _____ = _____
(Hourly Rate) (# of hours)

(7) Alcoholic Beverage Fee = _____

(2) _____ x _____ = _____
(Hourly Rate) (# of hours)

8) Administrative Service Fee = _____
(30 days or less notice)

(3) Permit Processing Fee = 30

(10) Sound Use Fee = _____
(Park Use only)

(4) Deposit = _____

(11) Other Charges = _____

(5) Setup/Teardown = _____

(12) Other Charges = _____

(6) Kitchen = _____

TOTAL: \$ _____ Less Advance Minimum Payment of \$ _____; BALANCE DUE 30 DAYS BEFORE EVENT: \$ _____
(Deposits are refunded 6-8 weeks AFTER event date, provided the facility is left in acceptable condition and the event goes as planned.)

Please check payment type: Cash: _____ Check #: _____ Type of Credit Card: Visa or MasterCard: _____
(See attached Authorization for Credit Card Payment Form)

APPLICANT SIGNATURE _____ DATE _____

CANCELLATION FEE: 61 days' or more notice: Forfeit 1/2 Deposit 31 to 60 days' notice: Full Deposit 30 days or less notice: Forfeit All Fees

Please note: By submitting this application, other documents/permits may be initiated to finalize your reservation.



Joaquín Miller

3594 Sanborn Drive, Oakland, CA 94602

Office: 510.482.7871 | jmccreservations@gmail.com

Hours of Operation: Monday – Friday 10AM – 3PM



AUTHORIZATION FOR CREDIT CARD PAYMENT

I authorize Office of Parks & Recreation (OPRYD) - Central Reservations to charge my:

- ☐ Visa _____ Expiration: _____ CVC# _____
- ☐ Master
Card _____ Expiration: _____ CVC# _____
- ☐ Amount to be charged: \$ _____

Facility/

Site Name: _____ Event Date: _____ Event Time: _____

Credit Card Holder's Information

Name (as it appears): _____
(Please print clearly)

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

Authorized Signature: _____

Comments: _____

Legible Photo ID is required for ALL reservations

**OAKLAND POLICE DEPARTMENT****Special Events Permit Application**

TF-807-3 (Jul 10)

APPLICANT INFORMATION

Applicant Name	Date of Birth	Contact No.	Alternate Contact No.
Applicant's Address		City <input type="checkbox"/> Oakland	Zip Code

EVENT INFORMATION

Date of Application	Type of Event Select one	Other Event (Describe)
Location/ Address of Event	Date of Event	Time/ Start-End
No. Persons Expected	Persons Allowed Select one	Ticket Sales Select One
No. of Monitors/ Security	Security Company	Telephone No.
Type of Music Select one	Other Music (Describe)	Will food/drink be sold <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT INFORMATION

HAVE YOU EVER BEEN DENIED A PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant agrees to abide by Oakland Municipal Code Dance Hall Regulations, Section 5-4.03		
HOLD HARMLESS AGREEMENT		
<p>The Special Event applicant or president of designee of the sponsoring organization(s) (hereafter called "permittee") agrees to reimburse the City of Oakland (hereafter called "City") for all losses incurred by it in repairing or replacing damage to City Property proximately caused by the permittee, its officers, employees, agents, monitors, or any other persons or forming the special event, who were, or should have been, under the permittee's control. Persons who merely attend or join in a special event are not considered by that reason alone to be "under the control" of the permittee.</p> <p>The permittee further agrees to defend without costs, indemnify, and hold harmless the City, its officers, agents, and employees from any liability to any persons, damages, losses, or injuries arising out of or alleged to arise out of the permitted special events, which was proximately caused by the actions of the permittee, its officers, employees, agents, including monitors, or any other persons attending or joining in the special event who were, or reasonably should have been under the control of the permittee. Persons who merely attend or join in a special event are not considered by that reason alone to be "under the control" of the permittee.</p> <p>I have read and I understand the Hold Harmless Agreement and I declare under penalty of perjury that the information provided in this application is true and correct.</p> <p>Permittee's Signature _____ Date _____</p>		
Police Overtime cost Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ABC Endorsement: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Verified By: _____ Special Events Personnel Serial No. _____	
Pursuant to OMC §9.52.080, a Special Events Permit is conditionally approved in order for the applicant to obtain additional required documentation.		
Signature of Special Events Coordinator	Serial No.	Date Signed
A Permit is Hereby <input type="checkbox"/> Approved <input type="checkbox"/> Denied – Pursuant to OMC Section 9.52.090 Subsection (Select Appropriate Subsection)		
Signature of Chief of Police Designee	Serial No.	Date Signed



**City of Oakland
Fire Prevention Bureau
Special Events Application**



(510) 238-3462
TTY 510) 238-6884

EVENT INFORMATION

Person(s) Requesting Event:		Phone #:
Mailing Address:		
Company:		
Email Address:	Type of Event:	
Name of Event:		
Event Street Address Location:		
Event Date: (An additional form is required for each day)	Event Time (Begins & Ends):	
Setup Site Completion: Date & Time: _____ AM/PM (Setup is required to be completed 1-hr before Inspector(s) arrive at event site).	On-Site Contact:	Phone #:
No. of Vendors: ____ (If applicable, complete attached food vendor form (food truck, caterer, etc.) & indicate those "selling/cooking" & type of cooking equipment)		
Expected amount of people:	Amount of tents & sizes(s):	
Brief description of event:		

CATERER

Address:	Email:
Contact Name:	Phone #:

PYRO/FIREWORK DISPLAY ONLY

Pyro Demo/Pre-Inspection Date:	Time: _____ AM/PM
Pyro Company and Local Technician:	Phone: _____

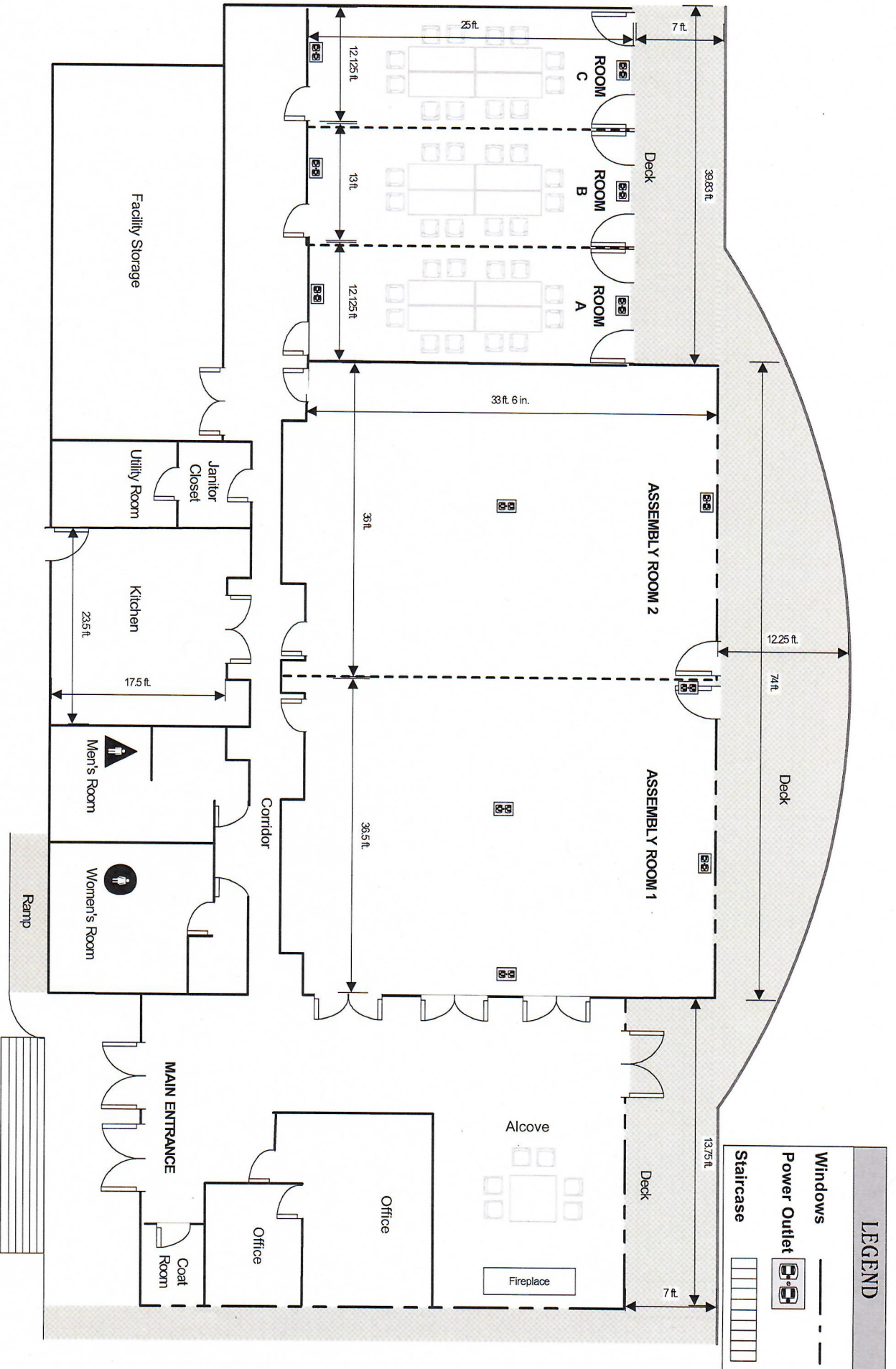
Type of Activity at the Event – Select from the following if applicable to either applicant or vendor	Yes	No	Fees	Measurement
Open Flame (Ceremonial/Assembly Area, Restaurant Candles, Sterno, Charcoal BBQ/Fireplace, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Year
Christmas Tree Lots	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Each
Carnival / Street Fair / Festival / Circus	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Event
Exhibits & Trade Show	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Year
Liquid Propane Gas (LPG)	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Event
Pyrotechnic Special Effects Material (Public Display Concerts/Games)	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Event
Tents & Canopies (Excess of 400 sq. ft.) and/or Temporary Membrane Structures (no charge for 10x10 w/no more than 4 attached)	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Structure
PUBLIC ASSEMBLY				
50+ (If more than 5,000, an EMT is required on site for emergency services)	<input type="checkbox"/>	<input type="checkbox"/>	\$174.40	Per Event
INSPECTIONS				
Regular Inspection (during reg. work day, Mon. - Fri., 8:00 AM- 3:30 PM is the latest)	<input type="checkbox"/>	<input type="checkbox"/>	\$369.51	Per Hour
After Hour Inspection (Weekdays Before 8:00 AM and After 4:30 PM, including Weekends and Holidays)	<input type="checkbox"/>	<input type="checkbox"/>	\$1,384.30	\$553.72 P/H x 2.5 hrs. = \$1,384.30

Note:

- **Sound amplification:** Contact City Administrator (see below) to learn if the amplification equipment your event will use requires a sound permit. Nancy Marcus - 510-238-3294 - nmarcus@oaklandnet.com or Jasmine Chan - 510-238-6914 - jchan@oaklandnet.com
- Please email your application, vendor list & floor/site map to FPBevents@oaklandca.gov

DETAILED FACILITY OVERVIEW: JOAQUIN MILLER

3594 Sanborn Dr. Oakland, CA 94602



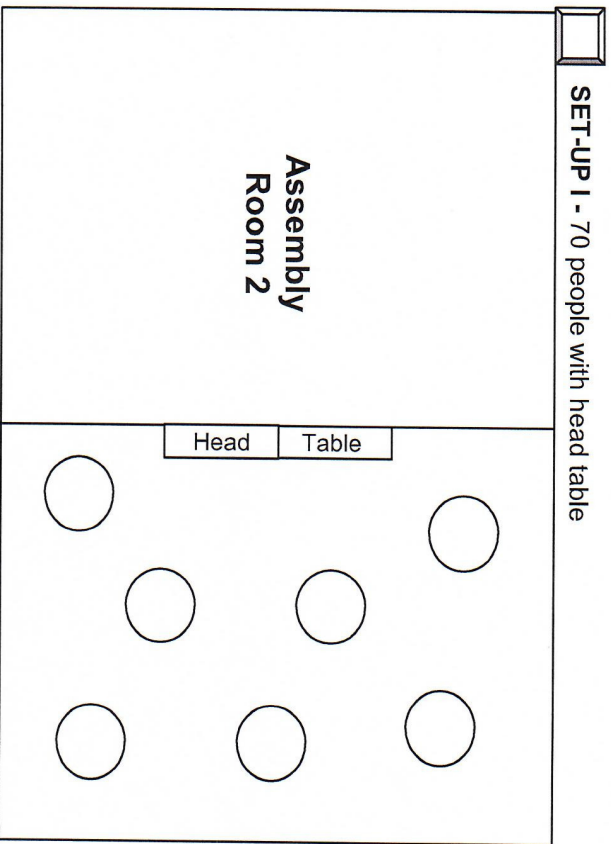


SAMPLE SETUPS: JOAQUIN MILLER COMMUNITY CENTER

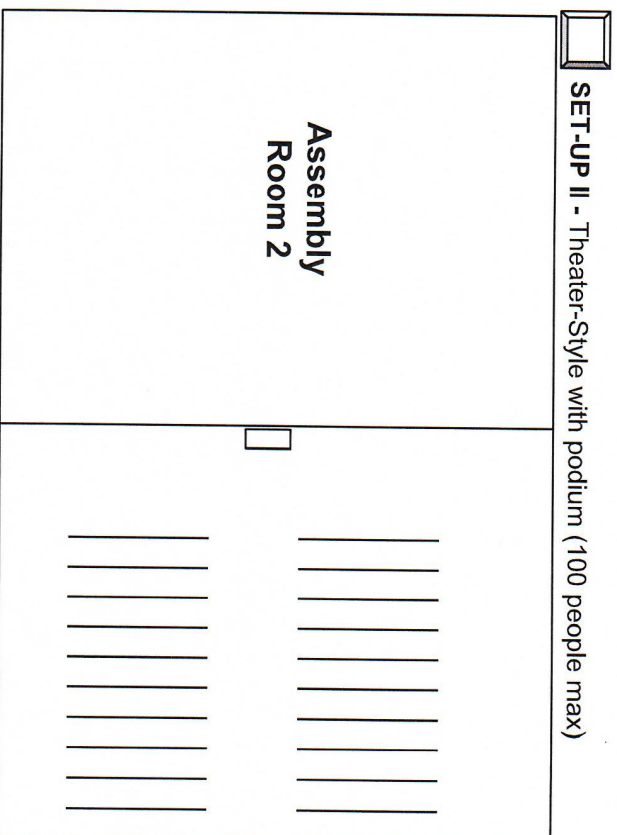
3594 Sanborn Dr, Oakland, CA 94602

Name:
Date:
Time:

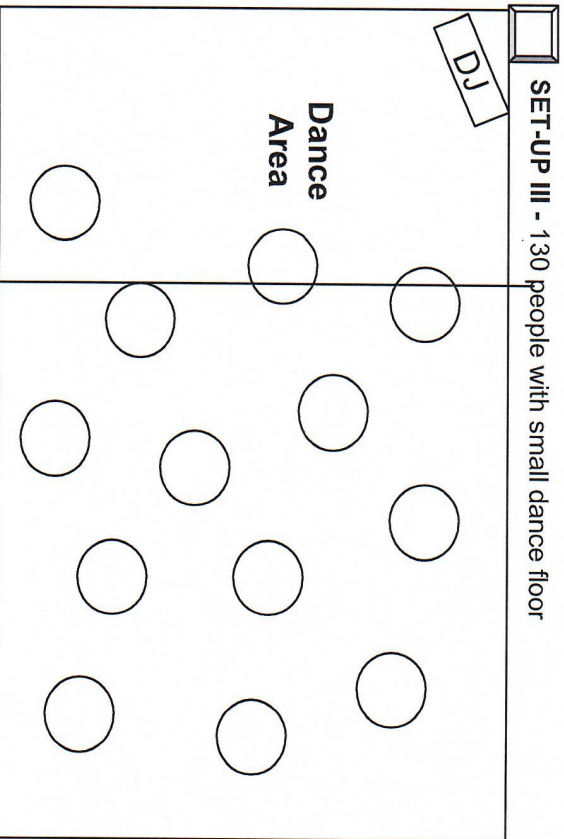
SET-UP I - 70 people with head table



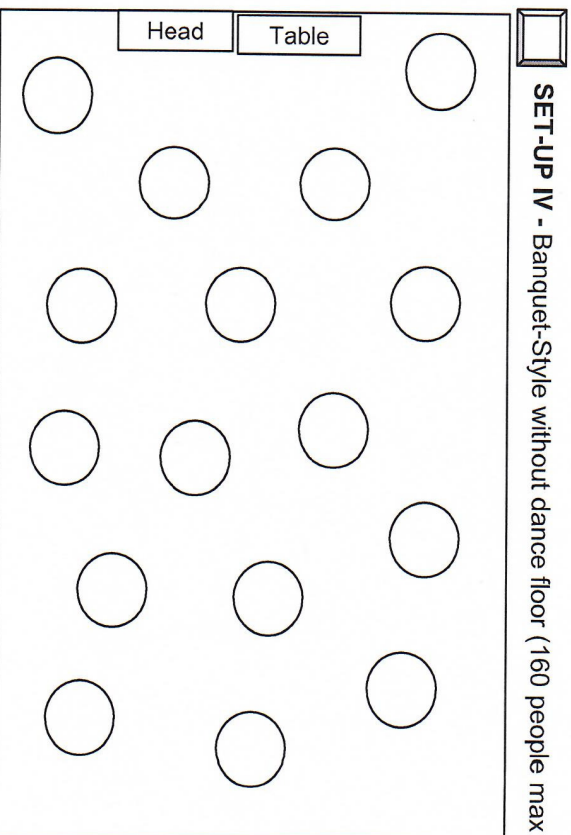
SET-UP II - Theater-Style with podium (100 people max)



SET-UP III - 130 people with small dance floor



SET-UP IV - Banquet-Style without dance floor (160 people max)



DECLARATION OF ADA COMPLIANCE FOR FACILITY USE AND OTHER SPECIAL EVENTS AGREEMENTS

The Americans with Disabilities Act (ADA) requires that state and local government and private entities make public programs, activities and services accessible to people with disabilities. The City of Oakland (City) requires that all public events, programs, and services provided at City-owned buildings and facilities be conducted in compliance with the ADA. The City further requires that all outside agencies verify ADA compliance by signing this Declaration of ADA Compliance for professional services, facility use, and other agreements that concern the delivery of special events to the public.

_____ certifies that it will comply with the ADA and the City's ADA Special Events Policy by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access for people with disabilities to public events, programs, activities and services provided at City facilities;
- B. Providing public events, programs, activities and services at fully accessible facilities as defined by U.S. Department of Justice ADA regulations;
- C. Making reasonable modifications in public events, programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the program would result;
- D. Adhering to any special disability access policies, practices and procedures set out by the City ADA Special Events Policy for use of City facilities and the delivery of special events to the public;
- E. Ensuring effective communications with persons with disabilities through provision of auxiliary aids and services, such as American Sign Language interpreting services; and
- F. When providing transportation to the public, by providing equivalent accessible transportation to people with disabilities.

The undersigned authorized representative hereby obligates the applicant to the above stated conditions. I understand that failure to comply with these conditions may constitute a breach of the subject agreement with the City.

 Agency Name

 Signature of Authorized Representative

 Address

 Type or Print Name

 Phone

 Date

 Type or Print Title

CERTIFICATE OF INSURANCE

1. Name the “City of Oakland” as an additional insured
Include the following:

- Venue Name
- Venue Address
- Event Date
- Event Time

2. Event Insurance can be obtained for the following
website:

www.theeventhelper.com