

Mitchell River House

	Rental Information	
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Experience Southern California's rich heritage like never before. The Mitchell River House at Vista Canyon provides an intimate and rustic elegance, perfect for small gatherings. The location of the facility allows our guests to intake the beauty of our valley and connect with nature like never before.

Mitchell River House

As you enter this facility, the Mitchell Family History Room offers rich history of the surrounding property. The main hall opens up to high vaulted ceilings, complimented by large windows letting natural line shine in. The covered front and back porch are designed for guests to take a breath of fresh air.

Capacity

- 60 Max Capacity

Kitchen

The kitchen at the Mitchell River House acts only as a warming kitchen, where caterers can utilize the oven and microwave to warm already prepared food. Guests are welcome to use the refrigerator to store drinks or cakes.

Brides Room

This room provides privacy from the main hall – great for a changing area or a quiet space for children.

Outdoor Lawn

Available only for specialty events, the outdoor lawn serves as an outdoor space for wedding ceremonies.

Equipment

- 6 – 60" Round Tables
 - 6 – 6' Rectangular Tables
 - 60 Banquet Chairs
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VENUE RENTAL RESTRICTIONS

GENERAL RESTRICTIONS

- All patrons must exit the building no later than 10:00 p.m.
- Patrons may not change, alter, or deface property in any facility, or to its furnishings/equipment.
- Storage of property is not permitted before or after an event.
- Animals are not permitted in the facility except for those that are used in aiding a person with a disability.

RESTRICTIONS ON ALCOHOL

- Alcohol may only be served and consumed in an approved reserved indoor facility or designated outdoor area.
- Alcohol service is limited to five (5) hours and must cease at least 15 minutes prior to end of event.
- A bartender is required for events serving alcohol; self-service of alcohol is prohibited.
- Applicants may only sell alcohol if they have obtained a temporary sales permit from the Alcohol Beverage Control Board.

RESTRICTIONS ON DECORATIONS

- Decorations are not to be suspended, attached, or affixed to ceilings, walls, window blinds, draperies, room dividers, or doors. Renters may only use painter's tape to hang wall decorations as an exception.
- All decorations must be removed from the facility by the end of the renter's permitted rental time.
- Fog/smoke machines, bubbles, rice, confetti, birdseed, or other granular substances are prohibited.
- Helium balloons must be secured with weights and disposed properly at the conclusion of the event.

RESTRICTIONS ON ELECTRICITY

- Renters must submit a list of items that use electricity prior to the event.
- Renters must bring any necessary electrical cords. Cords must be high quality and free of defects.
- Any exposed electrical cords must be secured to avoid any tripping hazards.

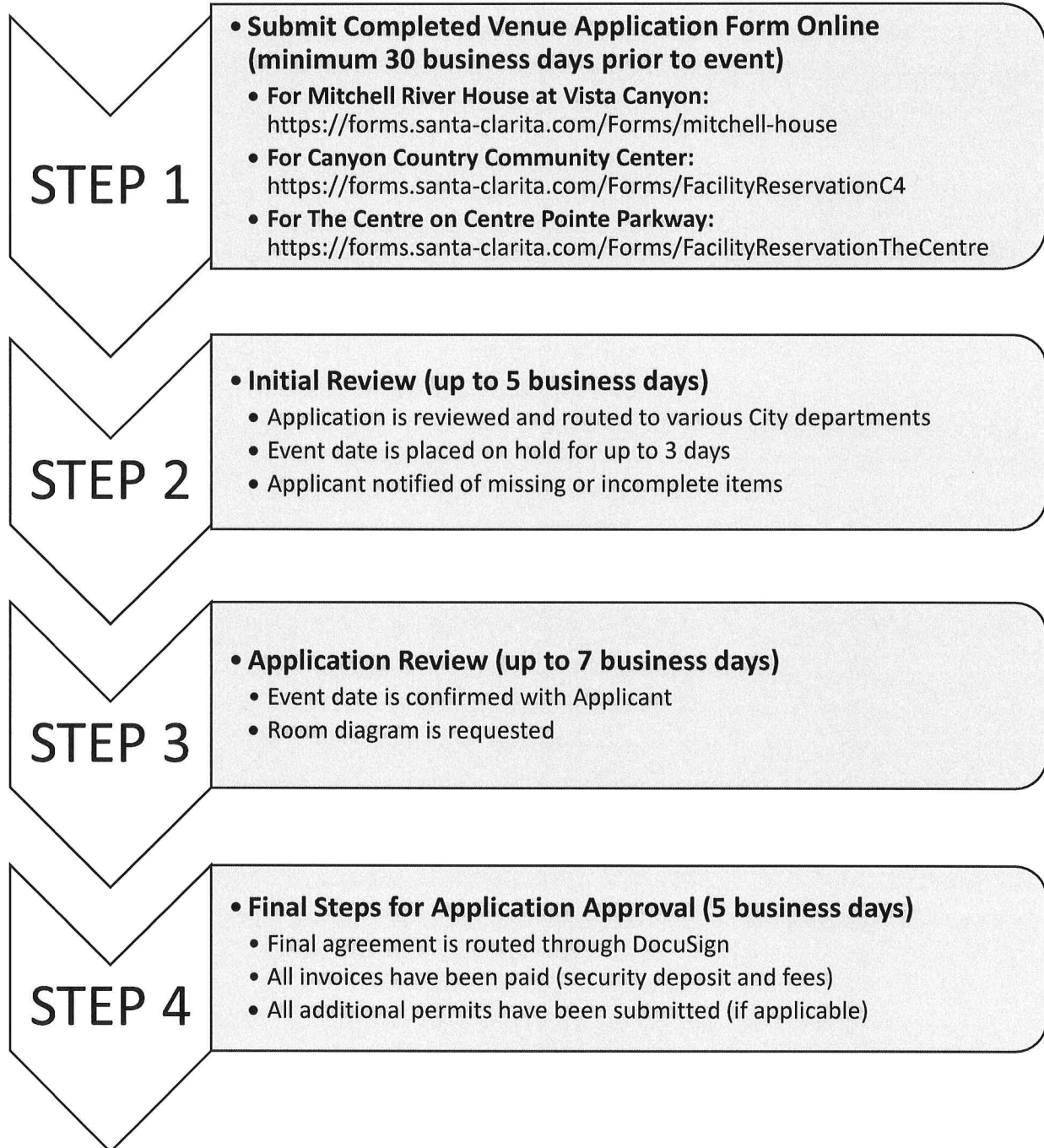
RESTRICTIONS ON FOOD/CATERING/BARBECUES

- Food production may only be done in facilities with a full-service kitchen. Warming kitchens are not full-service kitchens.
- Renters are required to notify the City if they plan to bring a food truck or food cart.
- Caterers/food trucks must be compliant with fire safety regulations. The City is not responsible in the event that a fire marshal dismisses a renter's caterer/food truck.
- Caterers/food trucks/grills are required to have an approved 2A 20BC class fire extinguisher within 5-10 feet from heat source. A K class extinguisher is required for a fryer or wok.
- Grills are permitted for outdoor use only at least 10 feet away from the building; Grills must always be monitored and secured in such a way guests cannot come into contact with them.

INCIDENTALS

- If the renter extends the time of the reservation or uses additional space beyond the Agreement for Use, the City will deduct the amount owed from the renter's security deposit.
- If damage to City property occurs or excessive cleaning is required, the amount will be deducted from the renter's security deposit.
- If the security deposit is not sufficient to cover the amount owed, the renter is responsible for paying the additional money owed to the City.

Venue Application Process



Note: Submittal of Venue Application Form does not indicate final approval of your application or confirmation of your reservation.

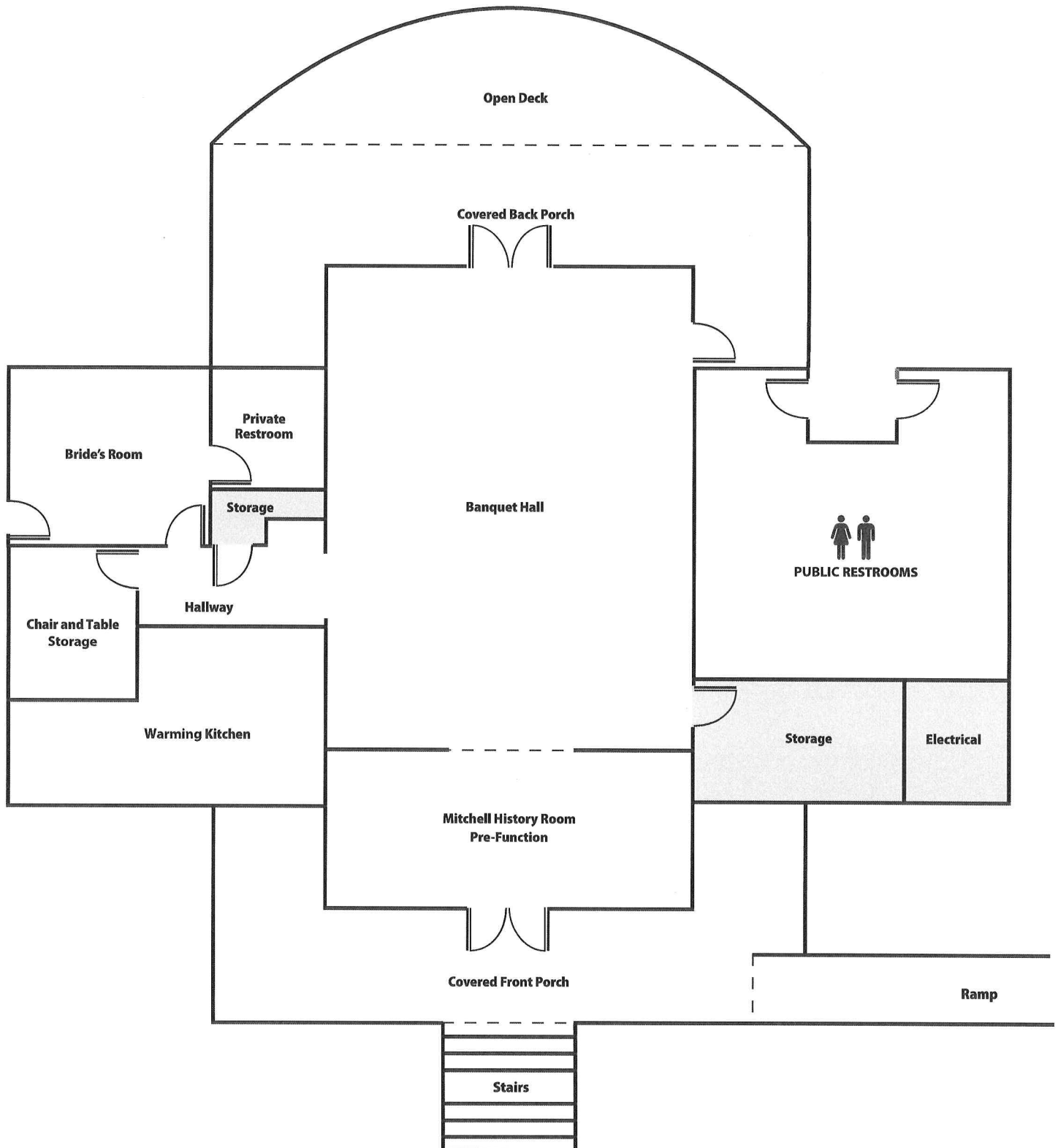
2026/2027 FEES

Room (4 Hour Minimum)	Non-Profit Organization (Resident)	Private Function (Resident) Non-Profit Organization (Non-Resident)	Private Function (Non-Resident) Businesses/Any Commercial Use
Mitchell River House			
Weekday Rates (Monday-Thursday):			
Clubhouse	\$113/Hr	\$143/Hr	\$172/Hr
Weekend Rates (Friday - Sunday):			
Clubhouse	\$172/Hr	\$200/Hr	\$229/Hr
Staff (Per Staff/Per Hour)			
	\$38/Hr		
Deposit			
	\$750		
There may be other charges for:			
Insurance	Varies - Market Rate		
Kitchen Cleaning Fee	\$135.00		
Trash Bin	Trash Bin Fee May Be Required -Fees Vary		
Rush Submittal Fee	\$50		
Janitorial Staff	Varies - Market Rate		
Porter Service (Min. of 1 Porter during event)	Varies - Market Rate		



City of
SANTA CLARITA

**MITCHELL HOUSE
AT VISTA CANYON**





SAMPLE INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agency Name Insurance Agency Address City ST ZIP INSURED Vendor Name Vendor Address	CONTACT NAME: Agents Name	
	PHONE (A/C, No, Ext): Agents Phone	FAX (A/C, No): Agents Fax
	E-MAIL ADDRESS: Agents Email	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: A Rated Carrier	NAIC #
	INSURER B: A Rated Carrier	
	INSURER C: A Rated Carrier	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER Maintenance Agreement REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	MODEL NO.	SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		X	POLICY#	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		X	POLICY#	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	POLICY#	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Santa Clarita, it's officials and employees are named as additional insured, but only as respects to the liability arising out the work performed by the named insured. Provisions for additional insured are outlined in the above referenced general liability and auto liability policy and only apply when required by written contract. Coverage provided is Primary and Non Contributory and a waiver of subrogation applies in favor of the City of Santa Clarita. *10 day notice of cancellation for non-payment of policy premium.

CERTIFICATE HOLDER (661) 255-1996 City of Santa Clarita 23920 Valencia Blvd Santa Clarita, CA 91355	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Signature of Authorized Agent

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Policy Number:

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: City of Santa Clarita 23920 Valencia Blvd. Santa Clarita, CA 91355	
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to “bodily injury” or “property damage” occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

If the contract between the additional insured and you requires that the insurance afforded by this policy be primary and noncontributory, this insurance shall be primary and noncontributory but only as to the general liability policy(ies) where that additional insured is listed as the named insured on the declaration page(s) of such policy(ies).

All other terms and conditions of this policy remain unchanged.

SAMPLE