

**APPLICATION FOR FREE SPEECH ACTIVITY IN COMMON AREAS**

This application must be filled out completely and legibly. An incomplete or illegible application will be rejected. Complete and legible copies of any audio-visual materials and the text, artwork and pictures on any handouts, flyers, petitions, voter registration materials, signs, etc. must be attached. Any materials not attached to this application may not be used during the activity.

*This information is for the Center's use only and will not be disseminated to third parties unless required by law (i.e., under force of subpoena or other governmental process).*

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_

Applicant's Telephone No.: \_\_\_\_\_  
Applicant's Fax No.: \_\_\_\_\_

Requested Date(s)/Time(s) of Activity: \_\_\_\_\_

**If Applicant is an Individual:**

Driver's License, State-Issued Identification, or Passport No.: \_\_\_\_\_

Entity or Organization Sponsoring or Paying for Activities: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**If Applicant is a Group or Organization:**

*If the Applicant intends to distribute leaflets, flyers, etc. related to any group or organization, the group or organization must be identified on all such materials.*

Name of Group or Organization: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Representative's Home Telephone No.: \_\_\_\_\_

Representative's Fax No.: \_\_\_\_\_

Representative's Driver's License, State-Issued Identification, or Passport No.: \_\_\_\_\_

For persons who claim exceptions to any Rule(s) based upon a disability, please identify the relevant Rule(s) and the manner in which you are hindered by the Rule(s) due to your disability:

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Date(s) and Time(s) of most recent free speech activity at the Center (Note: Prior applications can be attached):

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If any, on a separate page, please identify dates and other locations, whether publicly or privately owned, at which the Applicant engaged in free speech activity within the last twelve (12) months and attach the page to this Application.

Have you ever been denied access or had a similar application rejected? When? Where? Please explain circumstances:

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Any previous injuries to persons or property while the Applicant was engaged in similar free speech activity:

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please put details on a separate page and attach it to this Application.

**General Liability Insurance (if any):**

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

*Failure to be covered by such insurance will not be cause for denial of this application, unless foreseeable risk warrants the need for insurance.*

Subject Matter of proposed activity (*i.e.*, topic if multiple topics, identify each; be as specific as possible):

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Type of proposed activity (*e.g.*, leafleting, solicitation of signatures, voter registration):

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Intended audience of proposed activity (*e.g.*, employees, patrons, person or merchant at the Center):

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If the intended audience of your proposed activity is other than patrons of the Center, please identify the location of the targeted audience:

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Preferred Designated Area(s) or proposed alternative location (Note: An alternative location must be requested fourteen (14) days in advance of the proposed Activity pursuant to section 6 of the Rules for Free Speech Activity):

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Additional Designated Area(s) or alternative location (based on availability at time of approval of application): \_\_\_\_\_

Number of individuals to be engaged in the activity at any one time: \_\_\_\_\_

Do you wish to use table(s) and chair(s)?                      Yes \_\_\_\_\_  
(If left blank, none will be provided)

*If leaflets, flyers, etc. will be handed out, this Application must be accompanied by legible copies of any and all items intended to be used including, but not limited to, the text, artwork and pictures on any petitions, leaflets, literature and displays. Additionally, the Applicant must complete the indemnity agreement attached to this Application.*

*If the Applicant intends to use signs, the Applicant must present either the proposed sign or a legible copy of the content of the sign.*

By making this application, I represent that I have read the Rules for Free Speech Activities in Common Areas (“Rules”) and agree to comply with all of the Rules and agree that all persons identified in the application agree to comply with the Rules. If this application is being made in the name of an organization or group, I represent that I am authorized to make this application in the name of the organization or group.

I represent and warrant that all of the information contained in this application is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name and Title of Applicant)

## INDEMNITY AGREEMENT

\_\_\_\_\_ [name of individual Applicant or the Applicant's authorized representative if the Applicant is an association, corporation or partnership] hereby indemnifies and holds harmless Grossmont Shopping Center (the "Center"), the Center's owner, and the Center's manager from and against any claim, demand, damage, debt, liability, cost, expense or other loss incurred in connection with the cleanup of any leafleting or the distribution of other materials by the Applicant and/or the Participants or arising from damage to property or persons caused by the Applicant and/or the Participants.

The undersigned acknowledges and understands that, as defined in the Center's Rules for Free Speech Activities in Common Areas:

- (1) the "Applicant" as used herein means the organization, group, or person requesting access, including collectively all persons entering the Center pursuant to an approved application; and
- (2) the "Participants" as used herein means the persons who engage in the Activity pursuant to the approved application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or  
Applicant's Authorized Representative

\_\_\_\_\_  
Printed Name of Applicant or  
Applicant's Authorized Representative

\_\_\_\_\_  
Title/Position of Applicant or  
Applicant's Authorized Representative

**FOR GROSSMONT SHOPPING CENTER USE ONLY:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Received From: \_\_\_\_\_

**APPROVED:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date and Time of Approved Activity: \_\_\_\_\_

Location of Approved Activity: \_\_\_\_\_

Names of Participants\* (\*Collected on Day of Activity) (All participants must be listed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MODIFICATION**

Reasons for any modifications to Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modification Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

On Behalf of the Center

Modification Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

On Behalf of Applicant

*A copy of the approved application, including any attachment, must be maintained within the Area at all times during the Activity. The approved Application must be produced upon request of the Center's Management or security officers.*

Grossmont Application