



JACCC PLAZA/NORTH & SOUTH GALLERY
FACILITY USE APPLICATION

1. Name of Event: _____

2. Sponsor/Organization: _____ Telephone: () _____

3. Contact Person: _____ Telephone: () _____

4. Mailing Address: _____ 5. [] JACCC Tenant

City _____ State _____ Zip _____ [] Non-Profit

[] Commercial/Private

6. Day/Date of Event: _____

7. Hours of Event: _____ to _____

8. Set up Time: _____ to _____

9. Rehearsal Time: _____ to _____

10. Security Requested: (Yes/No) _____

How Many: _____ Hours: _____

11. Estimated Attendance: _____

13. Please describe the type of event and program

(Use separate sheet if necessary): _____

14. Equipment Requested: _____

15. Describe any equipment/scenery/decorations that may be brought onto the premises:

16. Will Caterers be used? _____ If yes, Name: _____

Contact Person: _____ Phone Number: _____

17. Will alcoholic beverages be served? _____ Served by: _____

[] Free of charge [] Charge Hours of service: _____ to _____

FOR OFFICE USE ONLY

STATUS: _____ FILE NUMBER: _____

CONFIRMED DAY/DATE: _____ TIME: _____

NOTES: _____

BY: _____ DATE: _____

SPONSOR HISTORY

a) Non-Profit Corporation: [] Yes [] No

If Yes, proof of 501 (c) 3 status is required. Please attach a copy of your organization’s 501 (c) 3 status f rom the Internal Revenue Service.

b) Prior Events Produced by Sponsor (please include promotional brochures and reviews, if any)

Date _____ Event _____ Place _____

Date _____ Event _____ Place _____

c) Personal Reference:

Name _____ Telephone () _____

Address _____ City _____ Zip code _____

LIABILITY INSURANCE (Mandatory for all events on the JACCC premises) Please provide proof of Single Limit Public Liability Insurance in the form of a Certificate of Insurance in the amount of \$1,000,000.00 (One Million Dollars).

FINANCIAL INFORMATION

a) Name of Bank _____ Branch _____

Address _____

City _____ Zip code _____ Telephone () _____

b) Name of Account Holder _____

c) Type of Account: [] Checking [] Savings [] Other _____

Account Number(s) _____

CREDIT AUTHORIZATION

Applicant authorizes Bank to release information regarding the applicant’s credit worthiness record and standing to guarantors, other creditors, and to credit bureaus, consumer reporting agencies and other credit reporters.

I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I authorize you to obtain such information as you may require concerning the statements herein and agree the application shall remain your property. I acknowledge my responsibility under Section 17788.21 of California Civil Code to inform you of any change in my name, address or employment within a reasonable time.

* * * * * **NOTICE** * * * * *

Completion of this application does not constitute a confirmed facility reservation. Only after a Use and Rental Contract has been executed and a deposit received can a rental request be considered a confirmed reservation.

RETURN TO:

Aratani Japan America Theatre • 244 So. San Pedro Street, Suite 505 • Los Angeles, CA 90012

Name of person completing this form: _____

Title/Affiliation: _____ Organization: _____

Signature: _____ Date: _____