



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: \_\_\_\_\_