



HAWAII THEATRE

Date Completed Application Received:

____ / ____ / ____

Application for Licensed Use

Denied

New Repeat

(THIS IS NOT A CONTRACT)

Date: ____ / ____ / ____

*** Theatre Use Only Above This Line *** Theatre Use Only Above This Line *** Theatre Use Only Above This Line ***

PLEASE PRINT/TYPE

1. APPLICANT _____
(Corporation, Organization, Individual)

2. ADDRESS _____
(Street) (City) (State) (Zip)

3. PHONE (include area code) _____ FAX (include area code) _____

4. WEBSITE _____ FEID/SS# _____

5. SIGNATORY _____ TITLE _____
(Person signing the final agreement)

5A. AUTHORIZED PERSON _____ TITLE _____
(Person other than signatory authorized in all matters related to the production)

6. PHONE (include area code) _____ FAX (include area code) _____

7. EMAIL _____ CELL (include area code) _____

8. CHECKLIST OF THE DOCUMENTS REQUIRED FOR YOUR APPLICATION TO BE CONSIDERED.

PLEASE CHECK THE APPROPRIATE BOXES BELOW INDICATING THE ATTACHED DOCUMENTS:

- ALL Applicants:** (Required) A copy of your State of Hawai'i General Excise Tax Certificate.
- Commercial Applicants:** A copy of your Articles of Incorporation and a Corporate Resolution.
- Non-Profit Applicants:** A copy of you IRS 501(c) (3) Certification AND/OR a copy of your Articles of Incorporation filed with the State of Hawai'i as a "Domestic Non-Profit."
- Other Applicants:** Any written agreement explaining the nature of your business organization..

7. REFERENCES (List two banks or other financial institutions that currently maintain an account in applicant name):

NAME _____ Address _____
(Street) (State) (Zip)

Type of Account: _____ Acct. No.: _____

NAME _____ Address _____
(Street) (State) (Zip)

Type of Account: _____ Acct. No.: _____

8. REFERENCES (List two auditoriums, arenas or halls which you have previously leased or rented):

NAME _____ Address _____
 (Street) (State) (Zip)

NAME _____ Address _____
 (Street) (State) (Zip)

9. DATE(S) REQUESTED: Load-In DAY/DATE/YEAR: _____

Load-Out DAY/DATE/YEAR: _____

10. FULLY DESCRIBE THE PROPOSED EVENT; INCLUDING THE TYPE OF EVENT, AND THE NAME(S) OF ALL PERFORMERS OR GROUPS APPEARING:

Name of Event: _____

Description: _____

Number of Performances: _____ Curtain Time(s): _____

Length of Event: _____ Intermission: Yes No Length: _____ min. .Number: _____

11. CHECK ALL THAT APPLY:

Admission:	Public	Private	Reserved Seat	General Seating	Free
Recording?	Audio	Video	Photography	Broadcast, Taped	Broadcast, Live
	News	Promo	Commercial	Non-Commercial	Archive

The undersigned Applicant hereby gives the Hawaii Theatre Center permission to verify the information contained herein and understands that:

- No date or facility will be held by the Hawaii Theatre until this application is returned by Applicant and approved by the Hawaii Theatre.
- If a tentative hold on a date and facility is approved based on the information contained herein, and the Hawaii Theatre determines that the information contained herein is false or misleading, the tentative hold approved will be forfeited by the Applicant.
- Any use of the Hawaii Theatre is subject to the Hawaii Theatre "License for Use Agreement" and the Hawaii Theatre and Stage Use Policies.
- NO FACILITY OR DATE IS CONFIRMED UNTIL HAWAII THEATRE "LICENSE FOR USE AGREEMENT" (the contract) IS FULLY EXECUTED. THIS APPLICATION IS NOT YOUR CONTRACT!**

APPLICANT:

Your Name: _____ Date: _____

Your Title: _____ Your Email: _____

Your Phone: _____ Your Cell: _____

STEP 1:
Save & Print
This Document
for Your Records

Hawaii Theatre Management Office
1130 Bethel Street, Honolulu, Hawai'i, 96813-2201
Fax: (808) 533-4421

STEP 2:
Submit
This Document
Via Email