



LICENSE APPLICATION

The following information is requested by the Maverik Center management to assist in the review and consideration of your request for lease of the Maverik Center facilities. The accuracy and completeness of the information provided below are very important insofar as this information will be a critical factor in considering your request. Be as detailed and specific as possible. Until the Maverik Center management officially approves this application and a formal License Agreement is fully executed, there is no legal or binding commitment between the Maverik Center and the rental applicant.

EVENT NAME: _____

TYPE OF EVENT:

Concert Trade Show/Convention Consumer Show/Meetings & Banquet Other
(describe below)

EVENT DESCRIPTION: _____

ESTIMATED DAILY ATTENDANCE: _____

SPACE REQUESTED: _____

DATES REQUESTED (specify ingress/egress and event): _____

REQUESTED EVENT AND INGRESS/EGRESS TIMES: _____

PAID ADMISSION EVENT: Yes No If yes, state ticket prices: _____

NAME OF LICENSING ORGANIZATION: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax I.D. Number: _____ Or SSN: _____

NAME AND TITLE OF PERSON WHO WILL SIGN THE LICENSE AGREEMENT: _____

HOW DID YOU LEARN OF THE MAVERIK CENTER? _____

BANK & CREDIT REFERENCES:

1. _____
Name Telephone Number Account Number

2. _____
Name Telephone Number Account Number

3. _____
Name Telephone Number Account Number

REFERENCES WITH INDUSTRY:

1. _____
Name Company Telephone Number

2. _____
Name Company Telephone Number

3. _____
Name Company Telephone Number

PREVIOUS EVENTS:

(List name and type of show, when it was held, facility contact name and phone number)

1. _____

2. _____

3. _____

OTHER COMMENTS: _____

Signature: _____ Date: _____
