



## **RENTAL APPLICATION**

This is not a contract for space or dates, and does not bind either party.

| Date:   | •   |                                    |
|---|---|------------------------------------|
| Licensee:   |   |                                    |
| (Legal name of company, corporation, organization or individual   | lual)   |                                    |
| Address:  | City, State, Zip Code:                              |                                    |
| Phone Number:   | Fax Number:   |                                    |
| Email address:  |   |                                    |
| Name, title, and phone number of person who has le  | gal authority to sign contract:                     |                                    |
| Facility(ies) requested:  |   |                                    |
| Date(s) desired:  |   |                                    |
| Full description and/or name of show or function for  | which building is to be licensed:                   |                                    |
| Corporation, list names, titles and addresses of office   | rs:   |                                    |
| If advertising is to be under any name other than tha   | t of applicant, please state if name is regis       | stered under "assumed name law":   |
| Organization receiving benefits from program, if any:   |   |                                    |
| <b>IMPORTANT</b> : List 3 ticketed events held in auditorium the past 5 years:  | ns and/or halls of similar size (min 1,200 s        | eats) which you have presented ove |
| Facility Name & Contact Person  | Date(s) Leased                                      | <u>Phone</u>                       |
| 1)  |   |                                    |
| 2)  |   |                                    |
| 3)  |   |                                    |
| Bank References (required if interested in renting the<br>Bank Name & Contact Person  | Susan Brotman Auditorium at McCaw Ha<br>Account No. | all):<br><u>Phone</u>              |
| 1)  |   |                                    |
| 2)  |   |                                    |
| The above questions must be answered in full before a Seattle Cent<br>Seattle Center may or may not grant the request set forth above. To<br>a Facility Use Agreement be discussed or dates held. |   |                                    |
| APPLICANT:  | DATE:   |                                    |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE  |   |                                    |
| PRINTED NAME  |   |                                    |