

DATE: _____ LICENSEE: _____
(Legal name of company, corporation, organization or individual)

ADDRESS: _____

CITY, PROVINCE, POSTAL CODE: _____

PHONE No.: _____ FAX No.: _____

NAME, TITLE, AND PHONE NUMBER OF PERSON WHO HAS LEGAL AUTHORITY TO SIGN CONTRACT

NAME: _____ TITLE: _____

PHONE NUMBER: _____

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 OFFICERS:

NAME: _____ TITLE: _____
PHONE NUMBER: _____

NAME: _____ TITLE: _____
PHONE NUMBER: _____

NAME: _____ TITLE: _____
PHONE NUMBER: _____

IF ADVERTISING IS TO BE UNDER ANY NAME OTHER THAN THAT OF APPLICANT, PLEASE STATE IF NAME IS REGISTERED UNDER "ASSUMED NAME LAW": _____

ORGANIZATION RECEIVING BENEFITS FROM PROGRAM, IF ANY: _____

IMPORTANT: PLEASE LIST AUDITORIUMS, ARENAS AND/OR HALLS OF SIMILAR SIZE AT WHICH YOU HAVE HELD EVENTS: FACILITY NAME, CONTACT PERSON, DATE(S) LEASED, PHONE NUMBERS:

BANK REFERENCES

NAME: _____
ACCOUNT No.: _____ PHONE No.: _____

NAME: _____
ACCOUNT No.: _____ PHONE No.: _____

NAME: _____
ACCOUNT No.: _____ PHONE No.: _____

The above questions must be answered in full before a Ricoh Coliseum License Agreement for facility use can be processed. It is understood that Ricoh Coliseum may or may not grant the request set forth above. The processing of this application will take a minimum of 20 days. Only after its acceptance will a License Agreement be discussed or date(s) held.

APPLICANT: _____

DATE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ PRINTED NAME: _____