



JACCC PLAZA / JAMES IRVINE JAPANESE GARDEN FACILITY USE APPLICATION

1. Name of Event: _____

2. Sponsor/Organization: _____ Telephone: () _____
[] JACCC Tenant [] Non-Profit [] Commercial / Private

3. Contract Signator: _____ Telephone: () _____

Mailing Address: _____ Facsimile: () _____

City _____ State ____ Zip _____ Email: _____

4. Contact Person: _____ Telephone: () _____

Email: _____

5. Date of Event

First Choice: _____

Hours of Event: _____ to _____

Second Choice: _____

Hours of Event: _____ to _____

6. Set Up Time

Time In: _____ Time Out: _____

7. Rehearsal Time

Time In: _____ Time Out: _____

8. AREA REQUESTED:

- [] Entire Plaza
[] Plaza: Garden Patio Area
[] Plaza: Theatre Adjacent
[] James Irvine Japanese Garden

9. Security Requested? (Yes/No) _____

How many: _____ Hours: _____

10. Estimated Attendance: _____

11. Please describe type of Event and Program (use separate sheet if necessary):

12. Equipment Requested:

13. Describe any equipment/scenery/decorations that may be brought onto the premises:

14. Will Caterers be used? (Yes/No) _____ If yes, Name: _____

Contact Person: _____ Telephone: () _____

15. Will alcoholic beverages be served? (Yes/No) _____ Served By: _____

[] Free of charge [] Charge Hours of service: _____ to _____

FOR OFFICE USE ONLY

STATUS: _____ CONFIRMED DATE: _____ FILE NO.: _____

CONFIRMED TIME: _____ RATE: _____ (Commercial • Non profit • Resident • JACCC)

COMMENTS: _____

Authorized By: _____ Date: _____ Routed by: _____ Date: _____ TO: GM ___ MKT ___ TD ___ FOH ___ BO ___

16. Sponsor History

a) Non-Profit Corporation: [] Yes [] No

If Yes, does organization have an IRS determination letter for tax-exempt status? [] Yes [] No
Please attach a copy of your organization's tax-exempt status from 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 _____

17. Liability Insurance. Mandatory for all performances 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 One Million Dollars (\$1,000,000.00). This certificate must state "The Japanese American Cultural & Community Center is named as additional insured with respects to your "(name of event)" on "(event date)".

18. Workman's Compensation Insurance for persons deemed necessary by you for the successful completion of your event is not the responsibility of the JACCC. You will be responsible to provide a certificate of insurance indicating proper Workman's Compensation coverage for all persons required by you for your event.

19. 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 credit worthiness record and standing of the applicant 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:

The George & Sakaye 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: _____