

**NEAL S. BLAISDELL CENTER and WAIKIKI SHELL
APPLICATION FOR MEETING USE**



BLAISDELL

Recommended by Sales: _____ Yes No
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I. Event Name: _____

II. Proposed Rooms:
 Pikake Room Hawaii Suites Maui Room
 Concert Hall Arena Oahu Room

III. Proposed Date(s) or Day of the Week:
 Move In Day/Date(s) and Time: _____
EVENT Day/Date(s) and Time: _____
 Move Out Day/Date(s) and Time: _____

IV. Expected Number of Attendees: _____

V. Applicant Name/Business Name: _____
 Address: _____
 Phone number: _____
 Email: _____

VI. Type of Event: _____

MEETING	<u>A/V Requirement:</u> Yes No	<u>Catering Requirement:</u> Yes No
	<u>Room Setup:</u> Class Room Theater Conference Other _____	
PARTY (Sodexo)	Graduation	Birthday Retirement Luau Other _____
VARIOUS/MISCELLANEOUS	Describe: _____	

VII. Status of Applicant:
 Corporation LLC Non-profit organization
 Individual Sole proprietor Other: _____

- Please attach the following information applicable to the organization:
- i. A copy of your Articles of Incorporation and a Corporate Resolution for any corporate applicant.
 - ii. A copy of written agreements explaining the nature of your business (Partnership Agreement of Charter)
 - iii. A copy of Non-Profit Status as determined by the Internal Revenue Service.
 - iv. A copy of your State of Hawaii General Excise Tax Exemption.

The undersigned applicant hereby gives the Department of Enterprise Services permission to verify the information contained in this application and understands that:

- (a) No date or facility will be held by the Department of Enterprise Services until this application is returned and approved by the Director of Enterprise Services; and
- (b) If a hold on a facility and date is approved based on the information contained in this application, and the Director of Enterprise Services determines the information contained herein is false or misleading, the hold approved will be forfeited by the applicant, and
- (c) Any use of the Center is subject to the Rules and Regulations of the Department and Rental Agreement.

APPLICANT

DEPARTMENT OF ENTERPRISE SERVICES

Signature

Signature of Approval

Name/Title

Name/Title

Date

Date