

NEAL S. BLAISDELL CENTER and TOM MOFFATT WAIKIKI SHELL

APPLICATION FOR EVENT SHOW



BLAISDELL

Recommended by Sales: \_\_\_\_\_ Yes No ( ) ( )

I. Event Working Name: \_\_\_\_\_

II. Proposed Venue: (CIRCLE)

- Arena Concert Hall Tom Moffatt Waikiki Shell Exhibition Hall
Pikake Room Hawaii Suites\_\_\_\_\_

III. Proposed Date(s) or Day of the Week:

Move In Day(s)/Date(s) and Time: \_\_\_\_\_

EVENT Day(s)/Date(s): 1st performance 2nd performance 3rd performance

DOOR TIME(S): \_\_\_\_\_

PERFORMANCE TIME(S): \_\_\_\_\_

Move Out Day(s)/Date(s) and Time: \_\_\_\_\_

IV. DESCRIPTION: PERFORMANCE STAGE EVENT

ARTIST(S): \_\_\_\_\_ GENRE: \_\_\_\_\_

OPENING ARTIST(S): \_\_\_\_\_

LENGTH OF PERFORMANCE: \_\_\_\_\_ TOTAL # OF PERFORMANCES: \_\_\_\_\_

# OF INTERMISSION(S): \_\_\_\_\_ LENGTH OF INTERMISSION(S): \_\_\_\_\_

VIP ENTRY? YES NO ENTRY TIME: \_\_\_\_\_

MAX # OF VIP: \_\_\_\_\_

EXHIBITION EVENT

GENRE: \_\_\_\_\_ RETAIL: YES NO

TOTAL # OF BOOTHS: \_\_\_\_\_ # OF FOOD BOOTHS: \_\_\_\_\_

V. APPLICANT INFORMATION

Entity/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Production Manager: \_\_\_\_\_

VI. Audience/Age Demographic: \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

VII. Event Specifics:

Will Event be recorded AND/OR

broadcasted live? Y N Recorded Live Both

Purpose for this? \_\_\_\_\_

VIII. Additional Information: Admission Status Paid Free

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

# NEAL S. BLAISDELL CENTER and TOM MOFFATT WAIKIKI SHELL

## APPLICATION FOR EVENT SHOW

**IX. 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 or 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.

**X. References:** *Required for Arena, Concert Hall, Waikiki Shell, and Exhibition Hall; May be required for Pikake or Hawaii Suites*

**A. Bank Reference**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

*\*Applicant must provide an authorization letter to the bank; giving the Blaisdell permission to obtain information.*

**B. List two (2) Auditoriums/Arenas/Halls/Facilities previously leased or rented (not Blaisdell/Waikiki Shell venues) WITHIN THE LAST 3 YEARS SIMILAR IN PROFILE TO THIS EVENT by applicant:**

**Facility 1:**

Facility Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact's Phone Number: \_\_\_\_\_  
 Contact's Email: \_\_\_\_\_  
 Event Name: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Attendance: \_\_\_\_\_  
 Brief Description of Event: \_\_\_\_\_  
 Production Manager: \_\_\_\_\_  
 PM's Phone Number: \_\_\_\_\_ PM's Email: \_\_\_\_\_

**Facility 2:**

Facility Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact's Phone Number: \_\_\_\_\_  
 Contact's Email: \_\_\_\_\_  
 Event Name: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Attendance: \_\_\_\_\_  
 Brief Description of Event: \_\_\_\_\_  
 Production Manager: \_\_\_\_\_  
 PM's Phone Number: \_\_\_\_\_ PM's Email: \_\_\_\_\_

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**