

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 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.

X. References: *Required for Arena, Concert Hall, Tom Moffatt 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/Tom Moffatt 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