NEAL S. BLAISDELL CENTER and WAIKIKI SHELL

APPLICATION FOR MEETING USE

Mobile users: Must use Adobe PDF app to fill out

BLAISDELL

Yes No

Recommended by Sales: _____ ( ) ( )

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 A/V Requirement: Yes ◯ No ◯ Catering Requirement: Yes ◯ No ◯

Room Setup: ◯ 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 approve 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

_____
Signature

_____
Name/Title

_____
Date

DEPARTMENT OF ENTERPRISE SERVICES

_____
Signature of Approval

_____
Name/Title

_____
Date