NEAL S. BLAISDELL CENTER and TOM MOFFATT WAIKIKI SHELL

APPLICATION FOR EVENT SHOW

Mobile users: Must use Adobe PDF app to fill out

BLAISDELL

Yes No

Recommended by Sales: _____ ( ) ( )

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: _____

1st performance 2nd performance 3rd performance

EVENT Day(s)/Date(s): _____

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** ◯ **Reserved** ◯ **General**

_____

_____

_____

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 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