Important: No dates will be tentatively approved until this Facility Use Application is returned and approved. No dates will be confirmed until a License Agreement is executed and a deposit received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I.** | **Applicant:** |       |  |  |
| A. | Name: |       | Phone Number: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B. | Address: |       |       |       |       |
|  |  | Street | City | State | Zip Code |
|       |  |       |  |       |
| Fax |  | E-mail |  | Website |
| C. | Name and title of person authorized by Applicant to execute this application and a license agreement: |
|  |       |
|  | *(Evidence of authority of person to sign on behalf of corporation or other entity must be attached to the license agreement.)* |

|  |  |
| --- | --- |
| D. | If the Applicant is not an individual, list the names of all applicable officers, principals, or general partners: |
| **Name:** |  | **Title:** |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |

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| --- | --- |
| E. | Status of Applicant: |
| Corporation: [ ]  | Partnership: [ ]  | LLP: [ ]  | Individual: [ ]  | Sole Proprietor: [ ]  |  |
| Other: [ ]  |  |

|  |  |
| --- | --- |
| **II.** | **References:** |
| A. | Bank Reference |
| 1. | Name: |       |

|  |  |  |
| --- | --- | --- |
|  | Address: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |       | Fax Number: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Account # Checking: |       | Account # Savings |       |

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| --- | --- |
| B. | Name and location of convention centers, arenas and/or other facilities which have previously been leased by applicant: |

|  |  |  |
| --- | --- | --- |
| 1. | Facility Previously Leased: |       |
|  | Facility Contact & Phone No.: |       |
|  | Event Date/Attendance: |       |
| Type of Event (check One): Consumer: [ ]  Trade: [ ]  Convention: [ ]  Other: [ ]  |
|  | Brief Description of Event: |  |
|       |

|  |  |  |
| --- | --- | --- |
| 2. | Facility Previously Leased: |       |
|  | Facility Contact & Phone No.: |       |
|  | Event Date/Attendance: |       |
| Type of Event (check One): Consumer: [ ]  Trade: [ ]  Convention: [ ]  Other: [ ]  |
|  | Brief Description of Event: |  |
|       |

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| **HCC Area Being Requested:** |
|       |

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| **III.** | **Proposed Dates of Facility Use:** |
|  | Applicant requests use of the facility on the following date(s) and times: |
|  | MOVE IN DATE/TIME: |       |
|  | EVENT DAYS/TIME: |       |
|  | MOVE OUT DATE/TIME: |       |
| *(Dates include move in and move out.)* |

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| **IV.** | **Event Name:** |       |

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| **V.** | **Event Type:** |  |
| A. | [ ]  | TRADE SHOW – TRADE ONLY |
| B. | [ ]  | CONSUMER SHOW – OPEN TO THE PUBLIC |
| C. | [ ]  | MEETING  |
| D. | [ ]  | BANQUET EVENT |
| E. | [ ]  | CONCERT/THEATRICAL |
| F. | [ ]  | OTHER: |       |

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| **VI.**  | **Food & Beverage Requirements:**  |       |

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| **VII.** | **Projected Attendance for the Event:** |
| Hawaii Resident Attendance: |       |
| Out of State – US Origin: |       |
| Out of State – Asia Origin: |       |
| **VIII.** | **Proposed Admission or Other Charges (If applicable):** |
|  | Applicant proposes the following admission, application or registration fee, or other charge: |
|  |       |

|  |  |
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| **IX.** | **Additional Information:** |
|  |       |
|  |       |
|  |       |

By submitting this Application, the Applicant hereby authorizes AEG, manager of the Hawaii Convention Center, to investigate and the above-stated references to provide any financial or other information necessary for AEG to determine whether the Applicant will satisfy the booking policies of the Hawaii Convention Center. Applicant shall also provide to AEG, upon request, with audited financial statements, income tax returns, and other documentation of financial condition.

# APPLICANT

|  |  |
| --- | --- |
| By: |       |

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| --- | --- |
| Date: |       |

**AEG:**

|  |  |
| --- | --- |
| Approval: |  |

|  |  |
| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| Its: |  |