

SPECIAL EVENT BUILDING LICENSE APPLICATION

Name of Organization	Date of Application
Contact Person (Please include title)	Phone Number
Address	Fax Number

The following questions will serve as the basis for selecting prospective special event Licensees. The Old Post Office Pavilion does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, personal appearance, sexual orientation, family responsibilities, physical handicap, matriculation, or political affiliation. If you are a third party retained to coordinate this event, please indicate so and have the primary party complete the application.

Section I. About Your Organization

Check One:
o Non-Profit o Profit
Description and Detailed History of Organization. Include affiliates or subsidiaries, if applicable (attach separate page if necessary):
Federal Tax ID Number or Internal Revenue Tax Code, if applicable:

Organization Mission Statement or Charter, if applicable, set forth here or attach (see Section III):
Please provide the name, address and phone number for all officers or senior members of the organization (attach separate page if necessary): 1. 2. 3. 4. 5.
State of incorporation, if applicable.
Provide any additional information regarding the event that may be helpful in the consideration of your application:
Section II. About Your Event
Date and time of event:
Reason for event:
History of Event. Include Past Venues, Attendance, Sponsors, Beneficiaries and Spokesman (attach separate page if necessary):
Is this event by invitation, ticket purchase, or open attendance? Please explain.
Number of attendees anticipated:

Please explain nature of event. For example, is event casual, black tie, cocktail reception, etc.
How is this event being promoted or advertised, if not by invitation only? Please explain:
If this event is a fundraiser, how much money do you expect to raise and who is your beneficiary?
What is the cost to attend this event?
Please list the names of all service companies associates with this event, i.e., caterer, florist, band, etc. Please attach separate page if necessary. 1. 2. 3. 4. 5.
If music will be a part of this event, what format will be used and what kind of music will be provided, i.e., band, disc jockey, etc. and name of provider:
Will you require any special set-up requirements for this event, i.e., electrical, audio, lighting, etc. If so, please indicate. Note: Any special arrangement not requested by Licensee in this application and agreed to by Licensee will not be honored and Licensor shall have no obligation or liability in connection therewith.

Will alcohol be served at this event? If so, liquor liability insurance must be included on the policies of both the Licensee ands the caterer, if any, for the amount of not less than \$5,000,000.					
□Yes	lYes □ No				

Section III. Please Provide the Following Attachments.

1.	Minimum of Three References
2.	Time Action Plan for the Event
3.	Organization Mission Statement (If not already set forth in Section I.)

Requirements:

- ® Insurance Certificate of \$5,000,000 Liability Insurance Coverage Naming Hill Partners, Inc., and General Services Administration of United States as Additional Insured. List Hill Partners, Inc., as Holder of Certificate.
- ® Pending application approval, a \$500 non-refundable deposit will be required by certified check or a bank check made payable to The Old Post Office Pavilion prior to commencing preparation of the license agreement and will be applied towards the remaining security deposit. License fee due upon execution of the license agreement.
- ® Security deposit will be based on anticipated incidental costs as determined by Licensor and shall be not less than \$5,000. The security deposit shall be due and payable in full upon execution of the license agreement. All incidentals will be deducted from the security deposit and the remaining funds, if any, will be returned to licensee within 45 days after the end of the subject event.
- ® Each additional night of set-up and breakdown will be an additional charge to be determined

Incidental Costs:

To be arranged by Licensor and Reimbursed by Licensee. ALL REQUESTS FOR INCIDENTAL COVERAGE MUST BE SUBMITTED WITH A SIGNED APPLICATION.

- 1. Janitorial @ \$35/hr
- 2. Security @ \$38/hr
- 3. Electrician @ \$65/hr (i.e. music set-up)

4. NEA Meeting Room, Contact Tom Alexander @ 202-682-5462 (this room is independent of The Old Post Office Pavilion) and The Old Post Office Pavilion Will Not Bear Any Responsibility for Servicing of the Room.

Incidentals:

- 1. The Old Post Office Pavilion Offers **NO** Parking. Attached for Your Reference, is a List of Neighborhood Garages.
- 2. Any Areas Outside of the Proposed Licensed Area Desired for Use **MUST** be Identified in the Application and MUST be Coordinated by Licensee Through the Appropriate Agency (i.e., City6 of Washington, etc.)
- 3. Whenever Possible We Encourage the Use of Our Tenants for Your Food Needs.
- 4. The Clock Tower is Run by the National Park Service and Requires Public Access to the Building. Shutdown or Special Requests MUST be Submitted to The OPOP Management with Signed Application.
- 5. A Time Action Plan MUST be Submitted Detailing Arriving and Departure Requirements and Intended Use of the Loading Dock Area. (Action Plan should include set-up, load-in, break-down, and load-out.)
- 6. Additional Use of Equipment, Signs, Etc., MUST be Cleared Through The OPOP Management and All Requests for Same Submitted in Writing with the Application.

The application does not create any legal rights or obligation. All legal rights and obligations of the parties will be set forth in a license agreement has been fully executed by both parties. Until the license agreement has been executed by both parties, the Licensor reserves the right to negotiate with other parties concerning the licensing of this space. Any incomplete application will be returned to the applicant for completion.

Signature of Applicant	Title	Date