

HISTORIC HOOVER THEATRE

APPLICATION TO RENT

Name of Presenter: _____
Contact: _____
Address: _____

(City) (State) (Zip-Code)

Telephone: (____) _____ (Office)
(____) _____ (Residence)

Date Requested: _____
Alternate Dates: _____

Presenter is: _____ Corporation
_____ Partnership
_____ Individual
_____ Other, please describe with attachment.

Federal Identification No.: _____
Social Security No.: _____

If Presenter is a corporation, state in which corporation is incorporated: _____

Names of: President _____
Vice President _____
Financial Officer _____

Partnership is registered in: _____

Name of Partners: _____

Name, Title, Address & telephone number of person signing contract: _____

Please list below three (3) venues where Presenter has presented events within the past year.

Name of Venue	Venue Manager's Name and Title	Telephone Number
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Please attach programs for the above events. Clear and legible photocopies will be acceptable.

Please give below the name of Presenter's current bank, address and telephone number:

Please give the name, title and telephone number of an official at this bank as a reference.

Public Liability Insurance in the amount of \$1,000,000.00 per occurrence; Auto Liability for owned or non-owned vehicles in the amount of \$1,000,000.00 for BI and \$250,000.00 for PD; Fire and All Risk Legal Liability and Allied Perils in the amount of \$100,000.00; and Worker's Compensation to statutory limits naming DOMUS AUREA, INC., HISTORIC HOOVER THEATRE, AND THE SAN JOSE UNIFIED SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES, is required one week prior to the scheduled performance.

If you have insurance coverage, please give below the name, address and telephone number of the insurance firm:

Contact Person's Name: _____

Commercial General Liability

Policy Number: _____
Policy Effective Date: _____
Policy Expiration Date: _____

Worker's Compensation and Employer's Liability

Policy Number: _____
Policy Effective Date: _____
Policy Expiration Date: _____

Please give a short description of your event.

Title of program to be used in all publicity and calendars:

Length of Program: _____ Number of Intermissions: _____

Please list below the names of principal participants, artists, performers and speakers in your program:

Name, address & telephone number of artist's agent and agency:

For each artist above, please attach a list of three public venues where they have appeared within the past six (6) months. (Please attach additional pages if necessary).

Venue	Date	Telephone Number
<hr/>	<hr/>	(<hr/>) <hr/>
<hr/>	<hr/>	(<hr/>) <hr/>
<hr/>	<hr/>	(<hr/>) <hr/>
<hr/>	<hr/>	(<hr/>) <hr/>
<hr/>	<hr/>	(<hr/>) <hr/>
<hr/>	<hr/>	(<hr/>) <hr/>

PLEASE ATTACH A LIST OF ANY SPECIAL CONSIDERATIONS REQUIRED BY ARTISTS.

If possible, please attach a technical rider outlining clearly the requirements for your event. This information must include sound, light and set-up information.

Anticipated number of hours for load-in:

Anticipated number of hours for load-out:

Number of on stage rehearsals requested:

This event will be:

 For Public Sale

 By Invitation Only

 Free (tickets required)

 Other (Please attach details)

Will Presenter provide a program of the event?

 Yes

 No

Will Presenter use sign interpreters for the hearing impaired?

 Yes

 No

Will Presenter make available merchandise items for sale?

 Yes

 No

Are you planning on hosting a pre- or post-event reception?

 Yes

 No

Please give below the names and titles of any dignitaries, VIPs, heads of state, etc. anticipated to attend your event:

Please attach any additional information pertinent to your presentation including audio/visual recordings, photographs, reviews, etc.

It is hereby agreed to by the person/organization (Presenter) requesting the use of this theatre that no information or publicity of any nature relating to the proposed event may be announced or released in any manner until the standard license contract is executed by the Historic Hoover Theatre and Presenter and the required deposit has been paid.

Furthermore, Licensee hereby represents that a full, accurate and complete disclosure of all information has been made and that the above statements and information are true and correct.

By: _____
Name: _____
Title: _____
Date: _____

Please return this request and all supporting materials to:

HISTORIC HOOVER THEATRE
1635 PARK AVENUE
SAN JOSE, CA 95126
FAX (408) 535-2347

Please be advised that completing and returning an application to rent Historic Hoover Theatre does not constitute a confirmed hold on your date. A hold is confirmed at the time a fully executed Lease Agreement and Facility Rental Deposit have been received by Domus Aurea Facility Management.
