



1703 Taylor Street
Columbia, SC 29201
Phone: 803-576-2350
www.thetownship.org

Event License Application

In order to have complete information on file and to better serve you, the Township Auditorium requires all applicants to complete this application in its entirety and return to the address above, Attention: Sally Roach, Executive Director, or via fax at 803.576.2359, or e-mail sallyroach@richlandonline.com.

Township Auditorium personnel must be used exclusively for all event-staffing needs and requirements and the Township Auditorium Box Office (and its authorized computerized ticketing system) will control all ticket sales.

There shall be no legal or binding commitment between the Township Auditorium and the Event License Applicant until this application has been officially acted upon and a Use License Agreement has been executed.

Company Information: (PLEASE FILL OUT INFORMATION IN ITS ENTIRETY)

Name of Contracting Organization: _____

Contact Name and Title: _____

Address: _____ City / State / Zip: _____

Telephone: _____ Ext: _____ Fax: _____

E-Mail Address: _____

Web-Site Address (Company, Event, League): _____

Federal ID Number / Social Security Number: _____

Event Insurance Carrier: _____

Event Information: _____

Event Name: _____

Event Type (please check nature of event):

- | | | |
|--|----------------------------------|------------------------------------|
| <input type="checkbox"/> Meeting / Seminar | <input type="checkbox"/> Concert | <input type="checkbox"/> Comedy |
| <input type="checkbox"/> Sporting Event | <input type="radio"/> Hip Hop | <input type="radio"/> Alternative |
| <input type="radio"/> Wrestling | <input type="radio"/> Country | <input type="radio"/> Gospel |
| <input type="radio"/> Boxing | <input type="radio"/> R&B | <input type="checkbox"/> Religious |
| <input type="radio"/> Mixed Martial Arts | <input type="radio"/> Pop | <input type="checkbox"/> Other |

Total number of days building will be required:

Move In Date(s): _____ Time: _____

Event Date(s): _____ Time: _____

Move Out Date(s): _____ Time: _____

Estimated Attendance: _____ Ticket Price(s): _____

Please provide a brief description of your proposed event. Include specific details and special requirements regarding breakout rooms, food service, electrical, sound, audio visual, etc:

List all performers; artists, athletes, etc. for which this License Application is being submitted:

List other venues at which performers have appeared during the past six months:

Bank Reference:

Branch Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Title: _____

Address: _____ City / State / Zip: _____

Credit References:

1. Organization Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Title: _____

Address: _____ City / State / Zip: _____

Account Number: _____

2. Organization Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Title: _____

Address: _____ City / State / Zip: _____

Account Number: _____

References within Related Industry:

1. Organization Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Title: _____

Address: _____ City / State / Zip: _____

2. Organization Name: _____ Telephone: _____

Contact Name: _____ Title: _____ Ext: _____

Address: _____ City / State / Zip: _____

Previous Event Locations (please list previous locations where you have promoted events):

1. Venue Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Ticket Price: _____

Address: _____ City / State / Zip: _____

Event Name: _____ Event Type: _____

Event Date: _____ Attendance: _____ Event Capacity: _____

2. Venue Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Ticket Price: _____

Address: _____ City / State / Zip: _____

Event Name: _____ Event Type: _____

Event Date: _____ Attendance: _____ Event Capacity: _____

3. Venue Name: _____ Telephone: _____ Ext: _____

Contact Name: _____ Ticket Price: _____

Address: _____ City / State / Zip: _____

Event Name: _____ Event Type: _____

Event Date: _____ Attendance: _____ Event Capacity: _____

Signature _____ **Title** _____

Please Print Name _____ **Date** _____

Please submit with this application:

1. Brochure, fact sheet, or promotional material describing your organization / event.
2. Recent published reviews of your event at other locations.
3. Printed publicity material and/or programs from prior events similar to the event for which you are requesting dates.