

EVENT APPLICATION FORM

1. Contact information of **legal entity** for this agreement:

ORGANIZATION: _____

(Organization name must be the same as the named insured on the insurance policy that will be submitted with this event application form.)

Address: _____

Contact: _____ Email: _____

Telephone: _____ Cell Phone: _____

2. SIGNING AUTHORITY on behalf of the legal entity (officer or director of the company/organization):
(Please note we will not accept any signatures unless they are authorized to sign – verification required.)

Contact: _____ Title: _____

Email: _____ Telephone: _____

3. Date(s) and time of event: _____

4. Set up date: _____ Time: _____ Tear down date: _____ Time: _____

5. Expected public attendance to your event: _____

6. Total number of personnel you require to be in the area at any one time during the event: _____
(Licensor has the right to limit the number of personnel operating at the event at any one time)

7. What is the purpose of your event? _____

8. What is it that you want to do at the event? Be as detailed as possible; only items listed will be considered.

9. Equipment that the organization will provide/set up in the shopping centre/building (at own cost):

10. Equipment to be loaned from shopping centre/building (free of charge):

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- 6' skirted tables (quantity): _____
 Stanchions (quantity): _____
 Chairs (quantity): _____
 22"x28" Sign holders : _____(quantity) Organization must provide professionally produced signs)

11. Size of footprint required for this event: _____feet x _____feet
12. Electrical access required: Yes No *Note: Wi-Fi is not available.
13. Additional requirements/comments: _____

14. **PRIOR TO PROVIDING AN AGREEMENT: The Organization must submit for the Licensors review and approval** an insurance certificate evidencing comprehensive commercial general liability insurance with coverage limits of not less than \$5 million per occurrence without being subject to a general aggregate limit of not less than \$10 million including a waiver of subrogation and naming the following parties named as additional insureds:
- Surrey CC Properties Inc. (2153 Central City, 10153 King George Blvd., Surrey, BC, V3T 2W1)
 - Arca Investments Inc. (2150 – 1066 West Hasting Street, Vancouver, BC, V6E 3X2)
 - Blackwood Partners Management Corporation (same address as Surrey CC Properties Inc.)

15. Provide a copy of all required permits and licenses for the event prior to the date of the event:

	Required	Received
Festival License, City of Surrey	_____	_____
Business License with the City of Surrey	_____	_____
Insurance Certificate (as noted above)	_____	_____
Temporary Food Premises Application from Fraser Health	_____	_____
Liquor License	_____	_____
Other: _____	_____	_____

EVENT APPROVAL:

Organization to submit application minimum four weeks in advance of event. Event subject to approval.
 Section to be completed by: BLACKWOOD PARTNERS MANAGEMENT CORPORATION

Requested by: _____ Date: _____
 Marketing Manager

Approved by: _____ Date: _____
 Property Manager

Comments:

