



**APPLICATION FOR USE**

DATE SUBMITTED \_\_\_\_\_ ORGANIZATION/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**PRINCIPALS AND/OR OFFICERS OF ORGANIZATION**

NAME AND TITLE ADDRESS PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- Corporation       Partnership       Sole Proprietor
- Profit               Non-Profit           IRS Tax ID#

Registered in State of \_\_\_\_\_ County \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Account # (checking and/or Savings) \_\_\_\_\_

**FACILITIES/AGENCIES CONTACT INFORMATION INCLUDING PHONE NUMBER FOR LAST SHOW DATE(S)**

These must be references at buildings where you have promoted shows in the last 3 months

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EVENT NAME AND DESCRIPTION OR ARTIST AND/OR GROUP NAME(S)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you wish to receive a cost estimate on facility, please provide as much information as possible:



Event date(s) \_\_\_\_\_ Anticipated attendance \_\_\_\_\_  
 Move-in (day) \_\_\_\_\_ Rehearsal (day) \_\_\_\_\_  
 Move-in (time) \_\_\_\_\_ Rehearsal (time) \_\_\_\_\_  
 Performance (day) \_\_\_\_\_ Move-out (day) \_\_\_\_\_  
 Performance (time) \_\_\_\_\_ Move-out (time) \_\_\_\_\_  
 Public or Private \_\_\_\_\_ Ticketed or Non Ticketed \_\_\_\_\_  
 Ticket Price(s) \_\_\_\_\_ Number of Trucks \_\_\_\_\_

**MEETING/EXHIBIT/OTHER SPACE REQUIRED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EQUIPMENT REQUIRED**

\_\_\_\_\_  
 \_\_\_\_\_

**CATERING REQUIRED**     Yes     No

Breakfast     Lunch     Dinner reception     Buffet     Sit down     Cash bar     Host bar

Other \_\_\_\_\_

Admission Price(s) \_\_\_\_\_

**Will your organization sell/distribute, or allow to be sold or distributed any merchandise:  
 please specify.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments or Special Requests

\_\_\_\_\_  
 \_\_\_\_\_

The above questions must be answered in full before a License Agreement for facility use can be processed. It is understood that Simmons Bank Liberty Stadium may or may not grant the request set forth above. Only after its acceptance will a License Agreement be discussed or dates held.

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

RETURN VIA EMAIL TO: Thomas Carrier (Thomas.Carrier@oakviewgroup.com)

Additional Notes or Information:

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