BIG GLADES SQUARE & AMPHITHEATRE FACILITY LEASE APPLICATION

The information you provide in this application will be used to determine the terms, conditions, and fees for a lease agreement. The information is also necessary to begin the planning process in cooperation with municipal services such as police, fire, health, and risk management. Please fill it out in its entirety and return it to the contact below. If the details of your request change, the lease agreement will be adjusted to reflect the modifications. Please note that any requests for spaces, dates, hours, and services shall not be deemed confirmed unless a contract and invoice is issued and signed by both parties. This application does not suggest any formal agreement. If you have any questions please don't hesitate to contact Natasha Proulex at 276.328.6013 ext. 202 or nproulex@townofwise.org)

Thank you for your interest in the Big Glades Square & Amphitheatre.

If this application covers multiple events, please prepare a separate form for each.

Primary Lessee Co	ntact information		
Lessee Name (that w	rill appear on the contract):		
Federal Identification	n Number or Social Security	y Number:	
If Organization, Sele	ect Type: Non-profit	For-profit \square Private \square Go	vernment
Are you a 501 (c)(3)	? (documentation required)	Yes No	
Do you have Liabilit	y Insurance? Yes	No	
Mailing Address:			
Physical Address:			
Contact Person:			
Phone:	Cell Phone:	Fax:	
Email:			
Is this your first time	producing an event?		
		r promoting public events:	
	ou recently produced?		
Artist(s)/Event Date/	* *		
, ,			
Is there any pending	litigation against you or yo	our organization? Yes N	Jo
		onjunction with previous prod	
	es, please provide details, ir		uctions:
□ res □ no n y	es, piease provide details, ii	icluding dates and venues).	
Have you ever been	cited for fire public safety	or other violations at an event	hy any
•	$y? \square Yes \square No If yes,$		by any
governmentar agenc	y: \Box 105 \Box 110 \Box 11 yes,	picase give details.	
Are there any outstar	nding debts associated with	past events you have produced	d? ☐ Yes ☐ No
If yes, please give de	etails:		

Event Info	rmation				
Name of E					
Dates:	PREFERRED DATE 1:				
	PREFERRED DATE 2:				
	PREFERRED DATE 3:				
PLEASE N	NOTE: Dates will not be held until a contract is	s issued and a deposit payment is			
received.					
-	Description of Event: (musical concert, dance performance, film, theatrical play, fashion show,				
beauty con	test, festival, private party, etc.)				
Number of	needle in cost/production: Numb	or of Attendage Expected:			
Please choo	people in cast/production: Numb	bei of Attendees Expected.			
		mal muhlia			
	Admission is free of charge and open to the gene Admission is by purchased ticket and open to the				
	• •	e general public			
	This is a private event by invitation only				
	Other, explain				
~					
	In order to best help create a budget for your sp				
	hours you will be using the Space. Please include	le rehearsals, set-up, and other time			
requiremen					
First Person	n Working Event Will Arrive At:	Am /Pm			
	t-Up Begins:				
	s At: Am /Pm Event Ends At:	_ Am /Pm			
Intermissio	n At: Am /Pm Until Am /Pm				
Load-Out I	Begins:	Am / Pm			
Load-Out I	Ends:	Am / Pm			
Last Person	n Working Event Will Leave At:				
	Hours: Am / Pm Dates:				
	s – name and rating of movie				
	ings must be G, PG or PG-13)				
C					
	equirements	1/0.1			
	☐ Sound ☐ Movie Screen, Projector and Sour	nd (Only municipal personnel may set			
	wn screen and operate equipment)				
☐ Closing	a Public Street, Describe:				
□ Signage	to be Displayed, ID Sign Size &Location(s):				

☐ Other	
•	es a professional performer, please include a copy of their technical
requirements.	
etc,): Will there be	& Merchandise On Town-Owned Property (parks, streets, sidewalks, sale of food, beverages, or merchandise on town-owned property? ☐ Yes ase give details: (names of vendors, items to be sold, onsite equipment to be uirements, etc.)
Food stands must k	be located away from possible contamination sources, such as toilets, garbage,
etc. A canopy or o comply with all Vi	ther form of overhead protection must be provided. Food vendors must rginia Department of Health requirements (ie, licensing, equipment, hand fire extinguishers, equipment sanitation, food temperatures, water source &
	des, inflatables, bounce houses, etc. be used in conjunction with the event? yes, please give details:
	
Publicity Informa	
Presenting Organiz	zation:
Event Title:	
Run Time:	
Ticket Information	if applicable: (include all discounts, advance sales, and door sales)
Ticket Type	<u>Price</u> <u>Method For purchase</u>
senior senior	Door
adult	Advance Sale by Event Producer
child	Both
other	
ome.	
How And Where T	To Obtain Tickets: (include phone number and/or website)
Event Summary: (a	a brief eye-catching summary to display on calendar of events. 1 sentence)

Event Description: (a longer explanation to display on event page. 4 to 7 sentences)				
Is This Event Appropriate For All Ages? If No, Please Provide An Explanation And Minimum Age Requirement:				
Artist(s) Name:				
If applicable, please enclose promotional information pertaining to the event that you would like distributed. What type of information are you providing? Artist Bio				
□ Cassette Tape/CD				
□ DVD/VHS video □ Press Release				
☐ Programs from previous events				
☐ Other:				
Feel free to include information such as marketing materials, press releases, newspaper clipping				
or recording of past events you have produced with this artist. Please clearly label all information				
with your company name.				
How do you plan to promote your event?				
(The Town must review marketing materials prior to distribution)				
Website Posting Specifications: As an additional service to the organization using the Big Glades Square & Amphitheatre, we will publish photo and text on our website with the event information you've provided. Please review the specification. IMAGE RESOLUTION: 300 DPI minimum FILE FORMAT: Any type readable in Adobe Photoshop (including PDF, JPG, TIFF, PSD)				
ATTACHMENTS: ☐ Certificate of Insurance for Lessee (Town of Wise listed as "Additional Insured") ☐ Certificate of Insurance for Food Vendors (Town of Wise listed as "Additional Insured") ☐ Certificate of Insurance for Amusement Ride Vendor (Town of Wise listed as "Additional Insured")				

Square & A I agree to i out of the u submitted i without price	I and agree to abide by the rule Amphitheatre. I agree to be bil ndemnify and hold harmless the se of The Big Glades Square & I formation is correct, and I full or written permission from the I am subject to inspection at a	lled for any damages and/or on the Town of Wise for all claim & Amphitheatre and propert y understand that any deviation of Wise may nullify the	cleaning fees. as or liability arising y. I certify that the ion from the above
Signature o	f Lessee	Printed Name	Date
	Date: te:Reason:		
Lease Fee:	\$		
	dditional Costs:		
\$ 	Use of house sound system Use of house lighting equi	n Samaant	
Ф \$	Use of house nighting equi	en, projector and sound	
		71 3	
Other Charg	ges: For		
\$	For		
	For		
,	Payable to the Town of Wise) eposit: \$ (50%)	of total lease fee)	