



P.O. Box 1410, 385 North Church Street,
Spartanburg, South Carolina 29304
phone 864.582.8107 fax 864.278.2003
www.crowdpleaser.com

Event License Application

In order to have complete information on file and to better serve you, The Spartanburg Memorial Auditorium requires all applicants to complete this application in its entirety and return to the address above, Attention: Jonathan Pitts, Assistant Manager, or via fax at 864.278.2003, or e-mail jpitts@crowdpleaser.com.

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

There shall be no legal or binding commitment between the Spartanburg Memorial 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):

Convention / Trade Show

Concert / Dance

Meeting / Seminar

Consumer Show

Banquet / Dinner Dance

Retail Sale

Sporting Event

Religious

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, auto visual, etc:

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

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

Bank Reference:

Branch Name: Telephone: Ext:
Contact Name: Title:
Address: City / State / Zip:
Account Number (Checking and/or Savings):

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.