



APPLICATION FOR USE OF OVERTOWN PERFORMING ARTS CENTER

1074 NW 3RD AVENUE, MIAMI FL 33136

This application is the initial step in reserving the Overtown Performing Arts Center. Requests will be reviewed in order of which they are received by the General Manager and the contact person named in the application will be notified of approval or denial. Completing and submitting this application does not confirm or reserve any dates. Please type or print legibly.

Please be advised that a mandatory refundable deposit of \$200.00 shall be submitted with the Application For Use of Overtown Performing Arts Center to reserve the event(s) calendared date.

CONTACT INFORMATION

FACILITY USE: (Circle all that apply)

MAIN HALL STAGE BEVERAGE ROOM AUDIO VISUAL

APPLICANT: _____
ORGANIZATION / CORPORATION

APPLICANT NAME: _____
RESPONSIBLE PARTY

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL: _____

EMAIL: _____

EVENT INFORMATION

TYPE OF EVENT: _____

EVENT NAME: _____

DESCRIPTION OF EVENT: _____

ESTIMATE ATTENDANCE: _____

CONTACT PERSON DURING EVENT: _____ PHONE: _____

REQUESTED DATES:

	EVENT DATE	DAY OF THE WEEK	SET-UP TIME	EVENT TIME	CLEAN-UP TIME	TOTAL HOURS
1ST CHOICE	_____	_____	_____ TO _____	_____ TO _____	_____ TO _____	_____
2ND CHOICE	_____	_____	_____ TO _____	_____ TO _____	_____ TO _____	_____

ADDITIONAL INFORMATION

	YES	NO
WILL ALCOHOL BE SERVED AT YOUR EVENT? If yes, liquor liability insurance will be required with regards to alcohol consumption.	_____	_____
WILL ALCOHOL BE SOLD AT YOUR EVENT? If yes, the sale of alcohol must be permitted and sold ONLY by licensed caterer or vendor and liquor liability insurance will be required with regards to alcohol consumption	_____	_____
WILL FOOD BE SERVED AT YOUR EVENT?	_____	_____
WILL FOOD BE SOLD AT YOUR EVENT?	_____	_____
WILL YOU BE CHARGING ADMISSION OR SELLING TICKETS TO YOUR EVENT?	_____	_____

I have received and read a copy of the OPAC rules and regulations and understand and agree to all the terms and conditions. I understand and agree that I shall be and will remain solely and fully responsible for compliance with all the terms and conditions of the OPAC Application and Rules and Regulations. If I am signing on behalf of an applicant organization or corporation, I also represent that I am authorized to sign the application on behalf of the organization or corporation and that my signature will bind the organization or corporation.

AUTHORIZED REPRESENTATIVE PRINTED NAME

AUTHORIZED REPRESENTATIVE PRINTED NAME

DATE

PLEASE RETURN THE COMPLETED APPLICATION TO OPAC@miamigov.com

FOR VENUE MANAGEMENT USE ONLY

DATE APPLICATION RECEIVED: _____

RECEIVED BY: _____ APPROVED DENIED

NOTES _____

DEPOSIT RECEIVED INSURANCE CERTIFICATE USAGE AGREEMENT