



# Permit Application

**IMPORTANT: The Permit Application must be returned and approved before a contract will be issued.**

## CONTRACT INFORMATION

Licensee Name: \_\_\_\_\_  
 (Name of Company, Corporation, Organization or Individual)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## EVENT INFORMATION

Event Name: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

<p><b>For Internal Use</b>  <i>Estimated:</i>          Rent \$ _____          F&amp;B \$ _____          Other \$ _____          Total Revenue: \$ _____</p>
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Anticipated Attendance: \_\_\_\_\_ Preferred Date(s): \_\_\_\_\_

Name/Title of Person who will sign Contract: \_\_\_\_\_

Name Title

## SPACE REQUESTED (check appropriate space and indicate hours below)

<b><u>Center Hall Level</u></b>	<b><u>Meeting Room Level</u></b>	<b><u>Executive Conference Suite</u></b>
Center Hall A and B _____	Meeting Rooms All _____	Suite All _____
Center Hall A _____	401 _____ 404 _____ 407 _____	301 _____
Center Hall B _____	402 _____ 405 _____ 408 _____	302 _____
<b><u>Theatre</u></b>	403 _____ 406 _____ 409 _____	303 _____
Theatre _____		

<i>Date</i>	<i>Space</i>	<i>Move-In</i>	<i>Event Hours</i>	<i>Move-Out</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If tradeshow, number of booths \_\_\_\_\_ Size: 8' x 10' \_\_\_\_\_ 10' x 10' \_\_\_\_\_ Other \_\_\_\_\_

Audio / Visual Requirements: \_\_\_\_\_

Food & Beverage Requirements: \_\_\_\_\_

How did you hear about Meydenbauer Center? \_\_\_\_\_

**CREDIT INFORMATION**

Your credit information is important to determining the credit Meydenbauer Center will extend for your event. Please complete all four sections fully.

**1. Bank References**

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_  
Street City State Zip

Account Name: \_\_\_\_\_

Years with Bank: \_\_\_\_\_ Years this Account has been open: \_\_\_\_\_

Non-Profit Number - 501c(3) (if applicable): \_\_\_\_\_

**2. Dun and Bradstreet #: \_\_\_\_\_**

**3. Previous Event Locations**

1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name or type of event produced: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Event Attendance \_\_\_\_\_ Sq. Ft. of Space Rented: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name or type of event produced: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Event Attendance \_\_\_\_\_ Sq. Ft. of Space Rented: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

**4. Trade References/Vendors**

1) Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Acct #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Acct #: \_\_\_\_\_

\_\_\_\_\_  
Signature / Title Print name Date

**Returning the Form:** After completing the form please print and sign it then fax or scan/email it back to us.

**Email** the form to your guest services manager or to sales@meydenbauer.com

**Mail:** Meydenbauer Center - 11100 NE 6th Street, Bellevue, WA 98004

**Fax:** 425-637-0166 Phone: 425-637-1020 www.meydenbauer.com

**FOR INTERNAL USE ONLY**

Sales Department Comments/Recommendation \_\_\_\_\_

Event ID: \_\_\_\_\_ Event Type: \_\_\_\_\_ GSM: \_\_\_\_\_

\_\_\_\_\_  
Director of Operations / Director of Sales Date