

LEHMAN CENTER FOR THE PERFORMING ARTS **CONCERT HALL**

250 BEDFORD PARK BOULEVARD WEST, BRONX, NY 10468

Phone (718) 960-8232 Fax (718) 960-8233

**LICENSEE APPLICATION**

*(Please print or type, complete in full and mail to the above address)*

Licensee: \_\_\_\_\_  
*(name of company, organization, corporation or individual)*

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

Type of show interested in booking: \_\_\_\_\_

Date/Time(s) interested in utilizing facilities: (1) \_\_\_\_\_ (2) \_\_\_\_\_

*(If corporation: complete information for officers in this section)*

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

AUTHORIZED PERSON(S): (Please print)

\_\_\_\_\_  
*Name Title Phone#*

\_\_\_\_\_  
*Name Title Phone#*

LIST THREE BUSINESS REFERENCES:

A) \_\_\_\_\_  
*Name Address Contact Phone#*

B) \_\_\_\_\_  
*Name Address Contact Phone#*

C) \_\_\_\_\_  
*Name Address Contact Phone#*

NAME AND ADDRESS OF BANK REFERENCE: \_\_\_\_\_

LIST OF FACILITIES PREVIOUSLY RENTED BY LICENSEE:

\_\_\_\_\_  
*Facility Address Date Used Contact Phone#*

\_\_\_\_\_  
*Facility Address Date Used Contact Phone#*

\_\_\_\_\_  
Authorized Signature Date

NO COMMITMENT TO DATES WILL BE MADE BEFORE REFERENCE CHECKS ARE COMPLETED