

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