



FACILITY USER APPLICATION

APPLICATION DATE \_\_\_\_\_

How Did You Hear About Our Facility?

Yellow Pages Website \_\_\_\_\_ Referral \_\_\_\_\_

Trade Magazine \_\_\_\_\_ Other \_\_\_\_\_

The undersigned, hereinafter referred to as the applicant, hereby makes application to rent the facility at the Coliseum as indicated below, on the date(s) specified, for the specific purpose specified. The Downtown Enterprise Facilities Management reserves the right to Approve/Disapprove this application.

THIS IS ONLY AN APPLICATION AND DOES NOT GUARANTEE A CONTRACT WILL BE ISSUED.

RENTAL DATE REQUESTED \_\_\_\_\_ PURPOSE \_\_\_\_\_

FACILITY Coliseum

TITLE OF EVENT \_\_\_\_\_ LENGTH OF EVENT \_\_\_\_\_ EXPECTED ATTENDANCE \_\_\_\_\_

REQUEST 7-DAY HOLD ONLY REQUEST CALL BACK TO ISSUE CONTRACT

APPLICANT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_
Street Address City State Zip

TELEPHONE Business (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_
Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

ORGANIZATION REPRESENTED \_\_\_\_\_

ORGANIZATION ADDRESS \_\_\_\_\_
Street Address City State Zip

TELEPHONE (IF DIFFERENT FROM ABOVE) (\_\_\_\_) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

CORPORATION PARTNERSHIP SOLE PROPRIETOR PROFIT NON-PROFIT LLC

FEDERAL ID TAX # \_\_\_\_\_ TAX EXEMPTION CERTIFICATE # \_\_\_\_\_

REGISTERED IN THE STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

NAME OF PRINCIPALS AND/OR OFFICERS

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Name Title Telephone
Address City State Zip

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Name Title Telephone
Address City State Zip

**BANK REFERENCES**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Bank Name Account Number Telephone  
\_\_\_\_\_  
Address City State Zip

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Bank Name Account Number Telephone  
\_\_\_\_\_  
Address City State Zip

**FACILITY REFERENCES (within the past 3 years)**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Facility Name Contact Person Telephone Date Used  
\_\_\_\_\_  
Address City State Zip

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Facility Name Contact Person Telephone Date Used  
\_\_\_\_\_  
Address City State Zip

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Facility Name Contact Person Telephone Date Used  
\_\_\_\_\_  
Address City State Zip

**RELEASE OF INFORMATION**

I hereby authorize the release of any financial information necessary to provide assurance of financial ability to the Downtown Enterprise Facilities Management to process this application.

\_\_\_\_\_  
SIGNATURE DATE

RETURN APPLICATION TO: COLISEUM 535 FOURTH AVENUE NORTH, ST. PETERSBURG, FL 33701  
**PHONE NUMBER:** (727) 892-5202 **FAX NUMBER:** (727) 892-5525  
**WEBSITE:** WWW.STPETE.ORG/VENUES.HTM