

License of Facilities Application

All licensed events require at least **30 days' notice**. Agreements scheduled without such notice will be charged a fee of \$50 for late notice. Proof of insurance and liability **must be** provided and approved prior to event. Without proper insurance the license is not confirmed and can be canceled at the discretion of the University.

Completed forms can be emailed [here](#) or to lof@cpp.edu

Please check which mostly describes your organization:

- Campus Department/Auxiliary
- Off Campus Government Org.
- Off Campus For Profit
- Off Campus Non-Profit (Current 501(c)(3) must be provided)
- Other: _____
- CPP Co-Sponsor: _____

Contact Information

****Required for Student Clubs and Organizations**

Applicant Organization	
Address	
City ST ZIP Code	
Contact Phone	
E-Mail Address	
Advisor **	
Advisor Ext./Email**	

Program | Event Information:

During which date(s), time(s), and location(s) would you like to have the event?

Name of event: _____

Event date(s): _____

Event location(s): _____

Start time:	Set-up time:	End time:	Tear down time:
Estimated attendance	On-Campus:	Off-Campus:	Under 18:

Will you require parking services (daily permits will need to be purchased)? If yes, how many?

Detailed description of the Program | Event: _____

The Proposed Event is: (check all that apply)

- | | |
|-------------------------------------|--|
| a dance or concert | involves outdoor sound |
| vendors or exhibits | selling of products |
| media or social media notifications | is a fund raising event |
| involves serving alcohol | requires Facilities support (Event Support form) |
| educational in nature | serving food; who will provide? _____ |
| personal photography | will require special set-up or equipment: _____ |
| | _____ |

Representative's Signature

This is an application only and is not the license agreement. The date(s) you requested cannot be held until this application is signed and returned with a check deposit in the amount of \$200.00 made payable to Cal Poly Pomona.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in Cal Poly Pomona!