



*City of Arts & Innovation*

## The Box Facility Request Application

The Box is a state of the art facility that seats approximately 200 patrons; making it a perfect space for small, intimate, Dance, Musical, Theatrical, Multimedia and Educational productions, rehearsals, classes, receptions and meetings for your Nonprofit, Performing Arts Based, or Commercial organization. Please note the following definitions:

**Nonprofit:** Any 501(c)3 nonprofit business or organization legally recognized by the IRS. (Must submit copy of Determination Letter, as issued by the IRS of the United States).

**Performing Arts Based:** Businesses or organizations whose core activities revolve around teaching the performing arts or producing artistic live performances.

**Commercial:** Businesses or organizations that do not qualify as Performing Arts Based or Nonprofit.

Found in Downtown Riverside, The Box is located at 3635 Market Street, Riverside, CA 92501.

Please submit the Facility Request Application at least sixty (60) days prior to the date requested in order to ensure adequate approval time. This is an application only and is not an approved agreement for the facility. If approved, a Facility Rental Agreement outlining the rules, regulations and fees will be forwarded to the applicant. Please do not advertise your event until you receive a signed and executed agreement that has been approved. Keep in mind that acceptance of your Facility Request Application should in no way be construed as final approval or confirmation.

Please allow a minimum of sixty (60) days for the processing of the facility rental application.

Print, complete and return this form: Fax it to (951) 826-5615, Email it to [specialevents@riversideca.gov](mailto:specialevents@riversideca.gov) or Mail it to Riverside Metropolitan Museum, Arts & Cultural Affairs Division, 3580 Mission Inn Avenue, Riverside, CA 92501.

For more information regarding these facilities please Call (951) 826-2427, go to [www.RiversideBlackBox.com](http://www.RiversideBlackBox.com) or Email [specialevents@riversideca.gov](mailto:specialevents@riversideca.gov).

Thank you for your interest. We look forward to hosting your event.

## SECTION I – CONTACT INFORMATION

### Producing Organization

Organization Name: \_\_\_\_\_

Type of Organization:  Corporation     LLC     Nonprofit     Sole Proprietorship

Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Website Address: http://\_\_\_\_\_

### Performance/Event Organizer

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### On-Site Contact

Contact information for the person who will be on-site and will be the primary contact on the day(s) of the event.

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION II – PERFORMANCE/EVENT INFORMATION**

**Requested Facilities (Please check all that apply)**

- The Box Theatre (2<sup>nd</sup> Floor)       Outside Promenade (2<sup>nd</sup> Floor)
- Outside Concession Stand       Loading Dock

**Type of Organization**

- Nonprofit                       Performing Arts Based                       Commercial

**Event Schedule**

Total Days including move in, rehearsal, performance and/ or event and move out:

Move-In Date & Time: \_\_\_\_\_

Rehearsal(s) Date & Time: \_\_\_\_\_

Performance(s) Date & Time: \_\_\_\_\_

Move-Out Date & Time: \_\_\_\_\_

**Performance and/or Event**

Title: \_\_\_\_\_

Show/Event Synopsis for Website Marketing (50-Word Minimum):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ticket/Admission Prices: \_\_\_\_\_

Do you plan to sell your own tickets:       Yes       No

If YES, ticket contact phone number or web link: \_\_\_\_\_

**Attendance**

Total Number of people backstage: \_\_\_\_\_

Total Number of people attending: \_\_\_\_\_

# SECTION III – EQUIPMENT

## Equipment Requests

Black Box Seating:  Proscenium (200)  Proscenium (130)  U/Thrust  Round

Spots:  None  One  Two

Sound: (Please describe use):

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Number of Wireless Microphones Needed: (8 available)

Handheld: \_\_\_\_\_

Headset: \_\_\_\_\_

Lighting:  House Lights  Theatrical Lighting

Dressing Rooms:  None  Women's  Men's  Additional

6 foot tables: (8 available)

Backstage:  Yes  No Number: \_\_\_\_\_

Lobby:  Yes  No Number: \_\_\_\_\_

Outside Promenade Equipment: (Subject to additional fees)

Portable Sound  Portable Lighting  Portable Video  Portable Staging

## Special Request(s)

Please describe in detail: \_\_\_\_\_

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## SECTION IV – FOOD AND BEVERAGE

Pre-packaged food and beverage may be sold without obtaining a health permit.

Will have Pre-Packaged Food/Beverage

Performance and/or Event Producer must obtain health permits from all food handlers for catering and sampling.

Will have Professional Catering or Sampling

If alcoholic beverages will be sold at the performance/event, and are not provided by a profession ABC permit will be required

Will have Alcoholic Beverages (May require additional insurance and/or security)

If a professional caterer will be hired for this event, please provide the following information and attach copies of the company's City of Riverside Business Tax Certificate, Liability Insurance Certificate and Health Certificate.

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## INDEMNIFICATION AND ACKNOWLEDGEMENT

Please read each statement. Initialing next to each statement indicates your understanding and agreement to the statement.

\_\_\_\_\_ Producing Organization and/or Event Organizer agrees, upon request, to provide a Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit AND an additional insured endorsement naming **the City of Riverside, its officers, employees and agents as an additional insured**. This document must be submitted no later than fifteen (15) days prior to the performance/event start date.

\_\_\_\_\_ Producing Organization and/or Event Organizer agrees, upon request, to provide a copy of their Determination Letter, as issued by the Internal Revenue Service of the United States, if the application is made on behalf of any organization representing itself as a tax-exempt, nonprofit and/or charitable organization.

\_\_\_\_\_ Producing Organization and/or Event Organizer agree that any false statement or material misrepresentation made in support of this application is cause for denial of issuance of a Facility Rental Agreement. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Riverside is cause for revocation of the Facility Rental Agreement.

By signing below, Producing Organization and/or Event Organizer indicates understanding and agreement to the above statements.

In consideration of this Application

for \_\_\_\_\_  
(insert name of event/performance)

on \_\_\_\_\_  
(insert date of event/performance)

the \_\_\_\_\_  
(insert name of organization)

shall protect, defend, indemnify and hold the City of Riverside, its officers, employees and agents (collectively, "City") harmless from any and all losses, damages, claims for damages, liability, suits, judgments, expense or cost arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, court costs and expert fees) of any nature whatsoever arising out of or attributed to use of the Black Box and/or Showcase herein identified or the authorization thereof regardless of where the injury, death, or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City. I hereby state the information above is correct to the best of my knowledge

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_