NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
USE AGREEMENT APPLICATION FOR CHURCHES & SCHOOLS
Please complete EVERY section on this sheet.

LICENSOR INFORMATION (FACILITY TO BE USED)

Church/School Name_____ Phone_____

Contact Person Name _____ E-Mail_____

Church/School Address _____ County_____

Representatives (2) Name_____ Title_____

Name_____ Title_____

Our churches and schools annually apply for property tax-exempt status. Allowing use by for-profit entities may jeopardize your status.

LICENSEE INFORMATION (ORGANIZATION WISHING TO USE FACILITY)

Legal Organization Name _____ Phone_____

Contact Person Name _____ E-Mail_____

Address for Correspondence _____

Proof of 501 (c) (3) status and insurance must be submitted at time of application. Federal Tax ID Number _____

File a Religious or Welfare exemption form with the County Assessor's office and advise them of your use of the Seventh-day Adventist facility.

Representatives (2) Name_____ Title_____

Name_____ Title_____

CERTIFICATE OF INSURANCE must be provided to show general liability insurance. Policy requires the Insurer be rated A Class VII or better by A.M. Best and name the Northern California Conference of Seventh-day Adventists, P.O. Box 619015, Roseville, CA 95661, as Certificate Holder and additionally insured to cover the limits of at least $1,000,000.00 bodily injury and property damage combined limits, $1,000,000.00 for each occurrence, and $1,000,000.00 aggregate.

AGREEMENT INFORMATION

CONTRACT DATES: From_____To _____ (Up to one year term only, may not be backdated)

FINANCIAL INFORMATION: Amount $ _____ per (month, week, use)_____

ROOM(S) TO BE USED	SQ. FT.	DAY(S) TO BE USED	TIME OF DAY FOR USE

OTHER INSTRUCTIONS_____

CHURCH/SCHOOL BOARD MEETING ACTION DATE of approval for shared use. This must be an action taken during a church board meeting within one year of the desired beginning contract date. Please include a copy of the board minutes with application submission. Date_____

LICENSOR SIGNATURES

_____ Date_____

_____ Date_____

LICENSEE SIGNATURES

_____ Date_____

_____ Date_____

Send this completed application, board minutes, insurance certificate, and licensee's proof of non-profit status to property@nccsda.com (preferred) or fax to 888.312.0319. PLEASE DO NOT ALLOW YOUR FACILITY TO BE USED UNTIL THIS PROCESS IS COMPLETED.

Revised 8/12/13