

**NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
USE AGREEMENT APPLICATION FOR CHURCHES & SCHOOLS**

To expedite your application, please complete EVERY section.

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 tax-exempt status and insurance must be submitted at time of application. **Federal/State Tax ID Number** _____

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) _____

<u>ROOM(S) TO BE USED</u>	<u>SQ. FT.</u>	<u>DAY(S) TO BE USED</u>	<u>TIME OF DAY FOR USE</u>
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OTHER INSTRUCTIONS _____

CHURCH/SCHOOL BOARD MEETING ACTION DATE of approval for shared use. **This must be an action taken during a church/school 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 _____

LICENSEE SIGNATURES

Date _____

Date _____

Date _____

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