

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 _____

NOTE: 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)

Person/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 _____
 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)/ SPACE TO BE USED</u>	<u>SQ. FT.</u>	<u>DAY(S) TO BE USED</u>	<u>TIME OF DAY FOR USE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

LICENSEE SIGNATURES

 _____ Date _____
 _____ Date _____

Please send (1) Completed application, (2) Board minutes, (3) Insurance certificate, and (4) Licensee's proof of non-profit status to property@nccsda.com.

***PLEASE DO NOT ALLOW YOUR FACILITY TO BE USED UNTIL THIS PROCESS IS COMPLETED. ***