

University of California, Davis Event Holder Application



BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

(To be attached to Permit Application)
(Retain in your files. Do not send to *Diversified Risk*)

One Shields Ave.
Davis, California 95616
Phone No: (530) 752-2629
Fax No: (530) 752-3439

Name and Address of Renter or Permit Holder: (Same as on Permit Form or Rental Form):

Name: _____

Address: _____

Contact Person: (Authorized to sign all Documents): _____

Phone #: _____ Fax #: _____

Event Information:

Date(s) Held: (Includes Set-up & Take down) _____ Time: _____

Location: _____

Description: _____

Total Attendance (Per Day) Including Participants & Spectators:

Day One: _____ Day Four: _____ Day Seven: _____ Day Ten: _____

Day Two: _____ Day Five: _____ Day Eight: _____ Day Eleven: _____

Day Three: _____ Day Six: _____ Day Nine: _____ Day Twelve: _____

Additional Exposures:

Vendors/Exhibitors/Concessionaires? Yes No How Many? _____

Caterer? Yes No

Liquor Served? Yes No

Liquor Sold? Yes No

Food/Non-Alcoholic Beverage Served? Yes No

Food/Non-Alcoholic Beverage Sold? Yes No

Entertainment Activities (Provide List)? Yes No

Please review contracts and attach a separate sheet, listing names and addresses of all parties requiring to be named as Additional Insured.

Permit Holder Signature:

Signature: _____ Date: _____ Phone #: _____