

## Square One Venue REQUEST FOR FACILITY USE

1200 Mountain Creek Road, Suite 201, Chattanooga, TN 37405 (423) 402.0568 ♦ squareonevenue@gmail.com ♦ www.squareonevenue.com

Date.		
Name of Request	or:	Cell:
Name/Organizat	ion:	
Address:		
Telephone:		Fax:
Email:		
Event / Activity N	Name:	
Event Location:		Main Event Hall Foyer Only Main Event Hall and Foyer Bride & Groom's Dressing Room Theater Only Full Event Space All spaces include use of kitchenette and common areas (hallway/restrooms)
Date(s) of Event:		
Time of Event:		From: (am/pm) To: (am/pm) (include pre/post-event time)
Describe Purpose	e of Ac	tivity/Event:
Do you need tabl	es/cha	ment Needed in Theater? Yes No (Circle One) Technician Fee \$100 (not optional)  air? Yes No (Circle One) How Many? (\$50 non-refundable fee)  eared in Theater? Yes No (Circle One)  nt:
Will You Be Servi	ing Fo	od? Alcohol? (Permit or Licensed Caterer Required)
Driver's License: State/License Number		/License Number SS#
Name/Address o	f Cate	rer:
Special Events Pe	ermit l	No.: Date/Times of Permit:
Insurance Carrie	r:	Policy No.:
Rider for Serving	Alcoh	
liability coverage Certificate of Insur and The Raines Gro Requested By: _	per oc ance n oup, LI	of Insurance: Minimum of \$500,000 for bodily or personal injury to or death of one person, \$1,000,000 currence and \$2,000,000 aggregate of liability coverage. Must contain liquor/beer liability coverage. ust show as Additional Insured: William B. Raines Jr. (Owner), The Raines Group Inc. (Managing Agent) C (Licensor).
Title:		
Tel:		
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