



A F R I C A N A M E R I C A N
A R T & C U L T U R E
C O M P L E X

Rental Reservation Application

Please complete the application and send it to events@aaacc.org once complete.

* Indicates required question

1. Email *

2. Applicant Name *

3. Are you a resident organization, fiscally sponsored by, or a member of the AAACC? *

Yes

No

4. Organization *

5. Address *

6. Federal Tax ID or Social Security Number *

7. Telephone Number *

8. Alternative Contact Name *

9. Alternative Contact Phone Number *

10. Organization Type *

(Mark only one oval)

- Artistic/Cultural
- Educational Religious
- Non-Profit
- Government/Public
- Agency CBO
- Corporate
- Political
- Ethnic
- Other

11. Target Market/Audience *

(Mark only one oval)

- | | |
|--------------------------------------|----------------------------------|
| <input type="radio"/> Children | <input type="radio"/> City Wide |
| <input type="radio"/> Young Adults | <input type="radio"/> Bay Area |
| <input type="radio"/> Adults | <input type="radio"/> Government |
| <input type="radio"/> Elders/Seniors | <input type="radio"/> Officials |
| <input type="radio"/> Family | <input type="radio"/> Other |
| <input type="radio"/> Neighborhood | |

EVENT DETAILS:

12. Event Name *

13. Event Description *

14. Expected Number of Attendees *

15. Date of Event(s) *

Example: January 7, 2019 11:03 AM

16. Event Start Time *

(Please consider and add the time needed to prepare for the event)

Example: 8:30 AM

17. Event End Time *

(Please consider and add the time needed to clean after the event)

Example: 8:30 AM

18. If this is a recurring event, please list all dates you would like us to consider.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. Event Public or Private? *

(Mark only one oval)

Public

Private

20. Admission Charged? *

(Mark only one oval)

Yes

Maybe

No

21. Food Served or Sold? *

Yes

No

***Catering or Food Arrival Time: _____

22. Alcohol Served or Sold? *

Yes***

No

Bartender or Company Name: _____

***If yes, please complete the following forms depending on rental space location(s).

Application for Single Day Liquor Permit (Complete Section 1 - 3)

Then return to AAACC for signature:

<https://www.abc.ca.gov/wp-content/uploads/forms/ABC-221.pdf>

Supplemental Diagram (Complete Entire Document for each floor liquor will be served)

Then return to AAACC for verification:

<https://www.abc.ca.gov/wp-content/uploads/forms/ABC-253.pdf>

Once documents are verified & signed by AAACC you will need to take them to the Department of Alcoholic Beverage Control for payment & processing. The located at:

**33 New Montgomery Street, Suite 1230
San Francisco, CA 94105**

The Department of Alcoholic Beverage Control will give you a stamped document that authorizes you to serve liquor for your event date at our location. This document must be given to the AAACC in order to service liquor on our grounds.

(No exceptions will be made)

23. Set Up Options *

- | | |
|---|---|
| <input type="checkbox"/> Nia Room | <input type="checkbox"/> The Shop |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Cafe LaMa |
| <input type="checkbox"/> Tech & Media Lab | <input type="checkbox"/> Lobby |
| <input type="checkbox"/> Dance Studio A | |
| <input type="checkbox"/> The Hall of Culture
<i>(Additional Space Options)</i> | <input type="checkbox"/> The Burial Clay Theatre
<i>(Additional Space Options)</i> |
| <input type="checkbox"/> 3rd Floor Lobby | <input type="checkbox"/> Green Room |
| <input type="checkbox"/> Kitchen - Catering Storage | <input type="checkbox"/> Dressing Room A |
| <input type="checkbox"/> Dance Studio A (*Additional Fee) | <input type="checkbox"/> Dressing Room B |
| <input type="checkbox"/> Conference Room (*Additional Fee) | <input type="checkbox"/> Cafe LaMadana (*Additional Fee) |

CONTRACT SUBMISSION:

24. By submitting this application, I understand that the AAACC follows the San Francisco* Mayor's Office and Department of Public Health Safety Guidelines and Protocols. Limited use and capacity is in place. I also understand that this application is not an agreement and requires executive level approval as the AAACC continues the re-opening process safely.

More information/documentation may be required for approval.

Your Electronic Signature/Full Name

Date
