

# Houstonfirst

## LICENSE APPLICATION

Jones Hall ♦ Wortham Center

All entities and individuals requesting event dates at the Wortham Center or Jones Hall must complete and submit this License Application for review and approval at least **thirty days prior** to the first event date.

The applicant's primary contact person (as listed below) will receive an approval or denial notice by email, fax or mail. Please be advised that internal review of the application may take up to **two weeks**.

Do not promote your event or make advanced arrangements for use of a facility without an approved License Application **and** a fully executed contract with Houston First Corporation.

### Applicant Information

Name of Applicant (*Entity or individual*): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Is the organization tax exempt?  No  Yes

Is the organization non-profit?  No  Yes

Primary Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Facility References

Please provide references from other convention centers, theaters, auditoriums, arenas and/or hotels previously occupied by the organization. (If you have never rented a comparable facility, then please substitute business references.)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event name(s): \_\_\_\_\_ Event date(s): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event name(s): \_\_\_\_\_ Event date(s): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event name(s): \_\_\_\_\_ Event date(s): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Event name(s): \_\_\_\_\_ Event date(s): \_\_\_\_\_

**Acknowledgement & Release**

By signing below, I certify that all of the information contained herein is true and correct to the best of my knowledge and that I have full right and authority to act on behalf of the applicant. I authorize the Houston First Corporation to verify the information requested herein, without limitation.

x \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Upon completion, return by fax to **832-487-7001**  
or by mail to the following address:

Wortham Center  
Attn: Booking Division  
510 Preston  
Houston, TX 77002

***Remember to personally sign and date the acknowledgment.***

This application is not a legal agreement and does not purport to bind either Houston First Corporation or the applicant.