

EVENT REQUEST

State Director _____

Street Address _____

City, State, Zip _____

Phone: _____

Fax: _____

Description: (Attach documents or provide website address)

Date: _____

Time: _____

Certificate of Insurance ___ (Provide copy)

Organization shall provide Beltway Plaza Mall with proof of all required insurance prior to use. Beltway Plaza Mall requires (temporarily) being named on certificate of insurance.

Event Fee ___ (Due day of event)

Advertising Schedule ___ (Provide copy)

Organization shall provide proof of reasonable and appropriate advertising schedule promoting upcoming event 30 days prior to event. Beltway Plaza Mall will provide use of curbside marquee, as well as, distribution of 8 1/2 x11 handouts, inclusion in monthly events calendar, monthly events webpage, and monthly email to Loyal Shoppers Club.

Traders' License ___ (Provide copy)

Sales & Use Tax License ___ (Provide copy)

Organization, at its own cost and expense, shall comply with all laws, regulations, orders, ordinances and other federal, state and local requirements that apply to its business activities, including, but not limited to: sales & use tax license, trader's license

Mall Contact Information

Mall Name: Beltway Plaza Mall

Fax: 301.657.8412

Contact Person: Angela Hughes, Marketing Director

Phone: 301.657.9900 x138

Mall Address: 6000 Greenbelt Rd., Greenbelt, MD 20770