



BEDFORD STUYVESANT MULTI-SERVICE CENTER

1958 Fulton Street
 Brooklyn, NY 11233-2508
 Tel (718) 363-2750 Fax (718) 363-2753

Date: _____

REQUEST FOR SPACE APPLICATION

Organization: _____ *EIN

Address: _____ Telephone #: _____

Is Organization Not-for-Profit? Yes No [If yes, obtain & attach copy of the 501(c)(3) letter from IRS]

Contact Person: _____ *SSN

Address: _____

Telephone Number: _____ Alternate/Cell: _____

* EIN/SSN Mandatory requirement for Vendex check

Note: For all events, a \$50.00 downpayment is required within 48 hours of HRA/OLUR & MSC's approval.

Type of Activity: _____ Approx. # of Attendees: _____

Activity description: _____

Ticket/Admission Price: \$ _____ Free Admissions: _____

There will be: Dancing _____ Music _____ Food _____ Beverages _____

Note: Political activities and consumption of alcoholic beverages are not permitted anywhere within the Multi-Service Center premises. Licensee agrees to take good care of the Space and to maintain the Space in as good order and condition as it was prior to Licensee's use. \$200.00 refundable security deposit is required. Licensee will be held financially liable for all damages throughout the building that exceed the security deposit. Sales of all products at an event are prohibited without prior HRA consent, and proceeds must be for the sole purpose of fundraising for a nonprofit organization. Licensee must possess and provide active insurance to cover all incidents related to sales.

Scheduling Information:

Will this be an on-going event? Yes No

DATE	START TIME	END TIME	LOCATION	COMMENTS

Location:

Large Conference Room - Room 501: _____ Auditorium: _____
 Small Conference Room - Room 408: _____ Yard: _____

Special Accommodations:

Podium w Microphone: _____ Small Display Table: _____ Chairs #: _____
 Podium w/o Microphone: _____ Long Tables #: _____

Other: _____

Note: Fee Schedule is available at the Bed-Stuy MSC Administrative Office upon request.



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LICENSOR
Bedford Stuyvesant Multi-Service Center
SPONSOR:
CAMBA, Inc.
Name: _____
Title: _____
Date: _____
Signature: _____

LICENSEE
LICENSEE:
Name: _____
Title: _____
Date: _____
Signature: _____

<i>(MSC Sponsor) Office Use Only:</i>		
Date Received: _____	Application Processed by: _____	
Space & Use Cost: _____	Maintenance: _____	Security: _____
Application Approved Date: _____	By: _____	Title: _____
Application Disapproved Date: _____	By: _____	Title: _____
Comments: _____		
<i>HRA/OLUR & MSC Use Only:</i>		
Vendex Check Date: _____	By: _____	Status: _____
Application Approved Date: _____	By: _____	Title: _____
Application Disapproved Date: _____	By: _____	Title: _____
Comments: _____		