

**PRE-APPROVAL APPLICATION**  
**Tenant/User Event with Liquor**

**If the event requires pre-approval, please allow at least 30 days prior to the event date. If insufficient time is not allowed, then possible decline on coverage could occur. Please return application to [SanLeandroSecretary@acgov.org](mailto:SanLeandroSecretary@acgov.org) and to [VMBAdmin@acgov.org](mailto:VMBAdmin@acgov.org).**

**EVENT HOLDER INFORMATION**

Name:

Address:

Phone Number:

Fax Number:

Email Address:

**TENANT/USER EVENT INFORMATION**

Name/Type of Event (15<sup>TH</sup> Birthday Party, Anniversary Party, Meeting, Dance, Job Fair, etc.)

Description of Event:

Date(s):

Hour(s):

Location: San Leandro Veterans' Memorial Building,  
1105 Bancroft Avenue, San Leandro, CA 94577

Attendance (**Per Day**):

Total Attendance for Event:

Ages of Attendees:

Will waivers be signed? Yes      No

Participants (**Per Day**):

Ages of Participants :

Are Fireworks Included?

Carnival Rides?

Bands?

How Many?

Names\*:

Type of Music?

*\*if more than one type of music, please attach a separate page*

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**TENANT/USER EVENT - ADDITIONAL INFORMATION**

Additional Insureds:

Number of Exhibitors Requiring Coverage (No Sales)\*:

Number of Concessionaires Requiring Coverage (Non Food Sales)\*:

Number of Concessionaires Requiring Coverage (Food Sales)\*:

*\*Please provide separate list of concessionaires / exhibitors to be covered*

Liquor Liability Needed?      Yes      No

Are the securities in place to avoid overindulge and underage drinking?      Yes      No

Are identifications checked and wristbands issued?      Yes      No

Is the liquor confirmed to a set area?      Yes      No

**COMPANY USE ONLY:**

Hazard Group:

Attendance Premium:

Exhibitors Premium:

Concessionaires Premium:

Liquor Liability Premium:

Additional Insureds Premium:

Property Damage Premium:

Increase Limits Premium:

**TOTAL PREMIUM:**