

APPLICATION FOR PERMISSION TO SET UP TABLE FOR COMMUNITY/NON-PROFIT USE

AT BERKELEY MALL

Date of application: _____

Name of Organization or Individual (please print): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Name of Officers or Responsible Officials or Individuals:

- _____ Title: _____ Phone: _____
- _____ Title: _____ Phone: _____
- _____ Title: _____ Phone: _____

Date of last permit: _____

Date requested: _____ Time requested: From _____ am/pm To _____ am/pm

Alternate date: _____ Time requested: From _____ am/pm To _____ am/pm

If more detail is necessary to complete the following, please print on a separate sheet of paper and attach sheet(s) to this application form. Nature or type of intended use:

Person(s) in charge during period of requested use (please print):

Name: _____ Time: From _____ am/pm To _____ am/pm

Name: _____ Time: From _____ am/pm To _____ am/pm

Describe any signs, special decoration, displays or other devices that you intend to furnish and use (professionally made signs only):

Please read carefully:

The undersigned hereby represents that (s)he is the Applicant or an Officer or otherwise authorized agent of the Applicant named herein and that he/she is over 21 years of age. The undersigned further acknowledges that (s)he has read and is familiar with the Statement of Policy and Rules Governing Use of the Community Table of the Shopping Center (see attached) and agrees by his/her signature hereto that the making of this Application, the issuance of any Permit based on the Application and the use authorized by such Permit are expressly conditional upon Applicants acceptance and continuing observance of said Rules.

Applicant agrees that if a Permit is issued, Applicant will indemnify and hold harmless Berkeley Mall, LLC, Berkeley Mall Merchants Association, Capitol Funds, Inc., CK Retail Brokerage, LLC, Childress Klein Retail, all merchants and vendors associated with Berkeley Mall against any and all claims for personal injury, death, damages, costs and/or other expenses including, without limitation, cost of litigation and attorney's fees arising from or in any way connected with the use of the Common Area by the Applicant or any of its agents, members, partners, associates, employees and contractors. An Insurance Certificate may be required. Fees may apply depending on the scope of the event.

The undersigned declares that the factual information furnished by him/her in the application is true, accurate and complete to the best of their knowledge and belief.

Applicant: _____ Date: _____

Signed (Printed): _____

By (Signature): _____

Title, if any: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Permit To Use the Common Area at Berkeley Mall

The organization named above has received permission to use the Common Area during the above date, subject to the established policies of the Center and the Rules and Regulations stated on the Rider attached to this document.

Date: _____ Authorized Signature: _____

(For Berkeley Mall)

Permit denied for the following reason(s):

Berkeley Mall, LLC 625 North Berkeley Blvd STE H, Goldsboro, NC 27534 Phone (919) 778-4616

Facebook: Berkeley Mall **Website:** shopberkeleymall.com **Email:** rachel.mackey@childressklein.com