

**SIMMONS BANK ARENA  
NOT-FOR-PROFIT APPLICATION FOR CONCESSION**

Not for Profit Organization's Legal Name (Applicant): \_\_\_\_\_

Federal Tax Identification Number (TIN): \_\_\_\_\_

(Please note that the Applicant's TIN must be an Employer Identification Number (EIN) issued and assigned by the IRS. A social security number (SSN) will not suffice. A copy of Applicant's SS-4 form, as filed with the IRS requesting an EIN, and/or a copy of the IRS notification of Applicant's EIN should be submitted to Simmons Bank Arena with this application. Applicant's volunteer workers will not be permitted to work any concessions until Applicant's EIN has been furnished to Simmons Bank Arena.)

Applicant is (check the correct statement)

Incorporated and existing in good standing as a not-for-profit corporation

Organized and existing as a not-for-profit unincorporated association

(If Applicant is a corporation, a copy of the certificate of incorporation or other evidence of existence should be submitted with this application. If Applicant is an unincorporated association, a copy of the charter, articles of association, bylaws, or other evidence of existence as an organization should be submitted with this application.)

Applicant is (check the correct statement)

A returning Not-For-Profit Organization who was active during the 2021 season.

A former Not-For-Profit Organization who was not active during the 2020 season.

A new Not-For-Profit Organization.

**Applicant's Primary Contact:** \_\_\_\_\_

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

Title or Association with Not-For-Profit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: Home: Work: \_\_\_\_\_

(Please note that all notices and other communications to Applicant will be given, presented, sent, or delivered to Applicant through Applicant's Primary Contact, as designated in this application.)

**Applicant's Secondary Contact:** \_\_\_\_\_

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

Title or Association with Not-For-Profit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: Home: Work: \_\_\_\_\_

Is the Applicant willing to work all events and/or types of event? (Check the correct statement)

Yes, we are willing to work all events and/or types of events.

No, we are unwilling to work the following events and/or types of events: \_\_\_\_\_

How many workers can Applicant guarantee on a regular basis? \_\_\_\_\_

ARE THEY WILLING TO SERVE BEER? \_\_\_\_\_

Under the Arkansas Beverage Control Rules and Regulations, Simmons Bank Arena prohibits any person less than twenty-one (21) years of age in the mixing, serving, selling or handling of controlled beverages.

During what hours will Applicant's volunteer workers generally be available? (Check all that Apply)

Weekday – Day Shift

Weekday – Evening Shift

Weekend – Day Shift

Weekend – Evening Shift

Holidays

The undersigned authorized representative, acting for and on behalf of Applicant, hereby requests and applies to Simmons Bank Arena for a letter of authorization authorizing Applicant and its volunteer working group to operate or assist in the operation of one or more designated concessions to be determined by Simmons Bank Arena according to the term and conditions specified by Simmons Bank Arena. With the understanding that Simmons Bank Arena will rely on this application and that any incorrect, incomplete, or misrepresented information contained herein or furnished in connection herewith may be cause for this application to be declined and/or for Applicant and its volunteer working group to be determined ineligible, I hereby certify to Simmons Bank Arena that I am duly authorized to execute and present this application on behalf of Applicant and that all information contained in and furnished by or on behalf of Applicant in connection with this application is true, correct, and complete in all material respects. On behalf of Applicant, I authorize Simmons Bank Arena to investigate and verify the information and representations contained in this application, together with all other matters concerning Applicant that Simmons Bank Arena may deem relevant. Further, I acknowledge and agree that it shall be the duty and responsibility of Applicant and Applicant's Primary Contact to promptly inform Simmons Bank Arena of any occurrence or event requiring any information contained in this application to be modified, including without limitation any material change in the status of the existence and/or authority of Applicant as a Not-For-Profit Organization.

---

Signature of Applicant's Authorized Representative

Date

---

Name of Applicant's Authorized Representative

Title of Applicant's Authorized Representative

---

Signature of Applicant's Primary Contact

Date

---

Name of Applicant's Primary Contact

Title of Applicant's Primary Contact

---

*For Department Use Only*

Approved

Not Approved

Reason if not approved:

---