License Agreement Information Sheet

PLEASE FILL IN THE INFORMATION SHEET AS COMPLETELY AS POSSIBLE.

Name of Individual or Organization:	Insurance Certificate Attached? YES_____ NO_____
Street Address:	
City State & Zip	
What type of Legal Entity? (Corporation, Partnership, 501(c)(3), Individual, etc.)	
Contact Information: (Name and Title)	
Phone:	Fax:
E-mail Address:	Mobile Phone:
Name of Participant School (receiving services)	Address of School:
Name of Principal:(*Approval Signature Required on ALL work)*	School Phone:
Area(s)of School Campus to be serviced	Are asphalt cuts required?
Name of School CPM (*Complex Project Manager): Approval Signature Required*	CPM Phone:
Description of work to be completed/scope of work to be performed (Site Plan / Drawings required)	
Event Date(s)	**Event Hours** **Start time:**_____ **End Time:** _____
Estimated number of volunteers _____	

UPLOAD TO YOUR ONLINE APPLICATION at:
https://www.laschools.org/new-site/facility-use/licenses-and-permits/