

SPECIAL EVENT PERMIT FUND

Nonprofit Partner Commitment Form

Name of For-Profit Applicant: _____

Contact Person: _____ Phone: _____

Email Address: _____

Name of Event (If Different): _____

Event Date & Time: _____

* * * * *

Name of Nonprofit Partner: _____

Contact Person: _____ Phone: _____

Email Address: _____

Current City of Ventura Business License _____

Attach a copy of current State of California Nonprofit Corporation Certification with this form.

* * * * *

The non-profit organization will be receiving _____% of profits from the event organizer

Define Nature of Partnership (Funder, Marketing, etc.):

We, the undersigned, verify that a mutually agreed upon partnership has been established between our separate entities for the event named above.

Applicant Signature _____ Date: _____

Nonprofit Partner Signature _____ Date: _____

