



ASIAN COUNSELING and REFERRAL SERVICE  
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# RENTAL APPLICATION

Name of Nonprofit: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Based on the 501(c)3 status of ACRS, we are restricted to renting space only to other non-profit organizations that qualify under one or more of the following categories (Please check all that apply):

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Administrative Offices of Nonprofit Religious Organizations (RCW 84.36.032)</li> <li><input type="checkbox"/> Artists Property Used to Solicit or Collect Money for Artists (RCW 84.36.650)</li> <li><input type="checkbox"/> Blood Bank (RCW 84.36.036)</li> <li><input type="checkbox"/> Cancer Center (RCW 84.36.046)</li> <li><input type="checkbox"/> Caretaker's Residence (RCW 84.36.020)</li> <li><input type="checkbox"/> Cemetery (RCW 84.36.020)</li> <li><input type="checkbox"/> Church (RCW 84.36.020)</li> <li><input type="checkbox"/> Church Camp Facility (RCW 84.36.030)</li> <li><input type="checkbox"/> Convent (RCW 84.36.020)</li> <li><input type="checkbox"/> Day Care Center (RCW 84.36.040)</li> <li><input type="checkbox"/> Emergency Housing to Low-Income Homeless Persons or Victims of Domestic Violence (RCW 84.36.043)</li> <li><input type="checkbox"/> Future Church Site (RCW 84.36.020)</li> <li><input type="checkbox"/> Home for the Aging-HUD Facility (RCW 84.36.041)</li> <li><input type="checkbox"/> Home for the Aging Non-HUD Facility (RCW 84.36.041)</li> <li><input type="checkbox"/> Home for the Aging Tax Exempt Bond Facility (RCW 84.36.041)</li> <li><input type="checkbox"/> Home for the Developmentally Disabled (RCW 84.36.042)</li> <li><input type="checkbox"/> Home for the Sick or Infirm (RCW 84.36.040)</li> <li><input type="checkbox"/> Hospital (RCW 84.36.040)</li> <li><input type="checkbox"/> Humane Societies (RCW 84.36.060)</li> <li><input type="checkbox"/> Library (RCW 84.36.040)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Research or Training Facility (RCW 84.36.045)</li> <li><input type="checkbox"/> Museums-Art, Scientific, and Historical Collections (RCW 84.36.060)</li> <li><input type="checkbox"/> Nature Conservancy (RCW 84.36.260)</li> <li><input type="checkbox"/> Outpatient Dialysis Facility (RCW 84.36.040)</li> <li><input type="checkbox"/> Parsonage (RCW 84.36.020)</li> <li><input type="checkbox"/> Performing Arts Organizations (RCW 84.36.060)</li> <li><input type="checkbox"/> Public Assembly Hall or Meeting Place (RCW 84.36.037)</li> <li><input type="checkbox"/> Schools and Universities (RCW 84.36.050)</li> <li><input type="checkbox"/> Sheltered Workshop for Handicapped (RCW 84.36.353)</li> <li><input type="checkbox"/> Social Service Organization-Character Building, Benevolent Protective, or Rehabilitative (RCW 84.36.030)</li> <li><input type="checkbox"/> Solicitation or Collection of Gifts, Donations, or Grants for Non-profit Organization (RCW 84.36.550)</li> <li><input type="checkbox"/> Transitional Housing to Low-Income Homeless Persons or Victims of Domestic Violence</li> <li><input type="checkbox"/> Very Low-Income Housing Facility (RCW 84.36.560)</li> <li><input type="checkbox"/> Veterans Organization (RCW 84.36.030)</li> <li><input type="checkbox"/> Water Distribution Company (RCW 84.36.250)</li> <li><input type="checkbox"/> Youth Character Building Organization/Association (RCW 84.36.030)</li> </ul> |
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NOTE: Please provide documented evidence from the IRS that confirms your nonprofit status based on your selection above (e.g. IRS Tax exemption certificate, certificate of incorporation clearly establishing nonprofit status, etc.).

Function:  
 Meeting: \_\_\_\_\_ Reception: \_\_\_\_\_ Retreat: \_\_\_\_\_ Other: \_\_\_\_\_

Reservation:  
 Date(s): \_\_\_\_\_  
 Time (Including set-up and clean-up): From: \_\_\_\_\_ To: \_\_\_\_\_  
 Number of Guests: \_\_\_\_\_

**Rooms Needed (capacity):**

Activity Center/Gym (200)	_____	Large Conference Room (35)	_____
Commercial Kitchen	_____	Medium Conference Room (20)	_____
X-Large Conference Room (70)*	_____	Small Conference Room (13)	_____

**\* If you are using the Commercial Kitchen:**

**Purpose:**

Cooking/Catering \_\_\_\_\_ Event Storage \_\_\_\_\_ Other: \_\_\_\_\_

**The event will be:**

Open to Public: \_\_\_\_\_ Invitation Only \_\_\_\_\_

Will alcohol be served? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Alcohol distribution will only be considered outside of business hours on a case-by-case basis.**

Please note that a non-refundable charge of \$200.00 will be applied to any room rental where alcohol will be served. In addition, ACRS reserves the right to require uniformed security during the event.

If yes, do you have a banquet permit to serve alcohol? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, do you have licensed servers to serve alcoholic beverages? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Additional equipment needs:**

Number of Tables Needed: _____	Number of Chairs Needed: _____	Projection Screen: _____
Sound System: _____	Television: _____	Projector: _____
Stage: _____	Podium: _____	Other: _____

*Note: Fees may apply for equipment rental.*

**Additional Notes:**

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