



Screening Services Group
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Fine Arts Theatre –
EVENT / RECEPTION / RED CARPET – STEP & REPEAT RENTAL AGREEMENT

Date and time of event: Date ____/____/____ Time ____:____

This Rental Agreement is entered into as of the above date by and between Screening Services Group, LLC (DBA Fine Arts Theatre) and

_____.
Individual Name, or Business Name

This Agreement shall include and be subject to the following terms and conditions:

- 1. Rental time begins as soon as anything is brought into the building and ends when everything has been removed. Materials cannot be brought into the building until the rental time begins.
2. No time is guaranteed for early arrival of guests before the Booked time begins.
3. No walkways or exits may be blocked in any way. Nothing may be stored or staged outside the building.
4. Nothing may be staged in the building as to create a hazard.
5. No tape may be applied to any surface in the building.
6. Containers of ice must be insulated to keep surface water from floors and walls.
7. A rolling trash container will be made available for trash disposal.
8. No confetti, glitter, gum, or candies with powdered sugar allowed.
9. No open flames. No heating of food/drinks. No smoke, or heat sources.
10. Lighting, cameras, catering equipment and supplies, etc. will be placed in a safe location that has been approved by theatre management and secured properly.
11. No equipment can be brought into, or removed from the building if any guests are in the building.
12. No alcohol may be served and no equipment may be brought in without a COI.

COI - Certificate of Insurance requirements:

Coverage:
\$1,000,000.00
&
\$2,000,000.00

Additionally insured:
Michael S. Hall
Screening Services Group, LLC
8670 Wilshire Blvd, Suite 112
Beverly Hills, CA 90211

To serve alcohol:
Required to state:
Host Liquor Liability

DBA:
Fine Arts Theatre
8556 Wilshire Blvd, Beverly Hills, CA 90211

WILL ALCOHOL BE SERVED? Check One: YES ____ NO ____

If YES, I agree I will be providing insurance as stated above
(Insurance certificate must be provided to SSG before event can begin)

By signing you are stating that you agree to the above terms and conditions. Authorized Representative:

Sign _____ Print Name _____