



Screening Services Group
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**Wilshire Screening Room and/or QC Room at 8670 Wilshire –
 RECEPTION 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 Wilshire Screening Room and/or QC Room at 8670 Wilshire) and

 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. Garage is okay.
2. Use of the loading area requires prior approval by SSG and the building management, and may require additional insurance.
3. No time is guaranteed for early arrival of guests before the scheduled time in the screening room.
4. No walkways or exits may be blocked in any way. Nothing may be stored or staged in the lobby or hallway of the building. Everything must go directly into the screening room from the garage or outside the building.
5. No tape may be applied to any surface in the screening room or hallway.
6. Containers of ice must be insulated to keep surface water from floors and walls.
7. Trash can and trash bags will not be provided. Trash will be the responsibility of renting party. Dumpster is in the loading area.
8. No confetti, glitter, gum, or candies with powdered sugar allowed.
9. A cleaning fee will apply if the space is not left in the same condition that it was upon arrival.
10. **No alcohol may be served without the required insurance on hand.**

Insurance requirements to serve alcohol:

To serve alcohol at the Wilshire Screening Room and/or QC Room at 8670 Wilshire:

Required to state:
 Host Liquor Liability

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

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

DBA: Wilshire Screening Room and/or QC Room at 8670 Wilshire

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.

X _____
 Authorized Representative

 Please Type or Print Name