

**APPENDIX A**

**LICENSEE INFORMATION STATEMENT**

\* Please complete this form and return with your signed agreement.  
Event Contractor registration expires 1 year after registration.

**The annual processing fee is \$100 and must be paid at this time; a credit card authorization form has been included. (Please complete all fields)**

Company name: \_\_\_\_\_  
(Please indicate if you are a company doing business as)

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

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

Contact Name: \_\_\_\_\_

24 Hour Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell 2 #: \_\_\_\_\_

E-mail address 1: \_\_\_\_\_

E-mail address 2: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_

Insurance Agent Phone #: \_\_\_\_\_ Insurance Agent Fax #: \_\_\_\_\_

Service or function your company provides for events: \_\_\_\_\_  
(i.e. I&D, Audio/Visual, Design Supervision, Floral, Security, Rentals, Modeling, Transportation, etc.)

\* This form completed, updated or reviewed by (please sign): \_\_\_\_\_

---

**THE FOLLOWING MUST ACCOMPANY THIS INFORMATION STATEMENT:**

- |  |       |
|--|-------|
|  | REC'D |
| 1. Signed <b>"Right of Entry License Agreement"</b> .                                | _____ |
| 2. <b>"Certificate of Insurance"</b> .   | _____ |
| 3. This <b>"Licensee Information Statement"</b> page with all lines completed.       | _____ |
| 4. Copy of your company's <b>"Substance Abuse Screening and Prevention Policy"</b> . | _____ |
| 5. Safety program acknowledgement form <b>"Rules and Regulations Addendum"</b> .     | _____ |

If you require an updated copy of any, or all of the  
**"Rules and Regulations"** as noted in section 14, please contact us at:  
312 791-6150 or via e-mail at [showoperations@mccormickplace.com](mailto:showoperations@mccormickplace.com).