



**Judicial Council of California
Administrative Office of the Courts
Office of Real Estate and Facilities Management
455 Golden Gate Avenue, San Francisco, CA 94102-3688**

APPLICATION FOR REVOCABLE LICENSE FOR THE USE OF REAL PROPERTY
(Must be submitted at least 30 days in advance of desired date of event)

INSTRUCTIONS: Complete this form and submit via e-mail to your court contact at:
MET-Accounting@kern.courts.ca.gov _____

1. Name of Applicant: _____ Phone number: _____
Email: _____ Fax number: _____
2. Organization name: _____ Phone number: _____
Organization address: _____
Type of organization: Education Government Non-Profit Private Entity Other
3. Name of requested court facility: _____
Court facility address: _____
4. Describe the intended use of the facility: _____

 - a. Will food and non-alcoholic beverages be provided at this event? No Yes
If yes, describe your plan for clean-up and removal of waste generated by the event. **Food and beverages are not allowed in courtrooms.**

 - b. Describe and/or list any posters and signs, special lighting, and furniture or equipment that you will bring to the location: _____

 - c. List any additional information pertaining to this event not addressed above: _____

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5. Date(s) / Time(s) (including set up and clean up) requested: *(If this is a recurring event, please attach a separate sheet with a schedule for the calendar year).* **NOTE: A \$200 License Fee per day, per facility (including parking lots and parking structures), applies for use outside of normal business hours. In addition, the Court may impose fees related to security and janitorial services. Commercial uses are subject to payment of additional fees (amount to be determined upon review of application). Fees are due a minimum of five (5) days prior to the first date of use.**

Date: _____ from: _____ a.m. to _____ a.m.

6. Number of conference rooms requested: _____ Number of courtrooms requested: _____

Will the number of rooms needed change for any day of this request? No Yes

(If yes, attach a separate sheet listing each date with the requested number of rooms.)

7. Describe other areas of the court building or grounds requested: _____

8. Expected number of participants: _____

9. Will this event involve filming? Yes No

a. Name of filming project: _____

- b. Type of production: Feature Commercial TV MOW* Reality TV Music Video Still
 Student Documentary Educational Public Awareness
 Training/Instruction Other

*(Movie of the Week/Made for TV Movie)

c. Number of shoot days: _____

d. Describe in detail the scenes to be filmed: _____

e. List all equipment to be brought to the court facility with description of electrical needs: _____

I agree to pay the costs associated with this event as will be determined by the court and the AOC and to provide a certificate of insurance as evidence that all required insurance is in full force and effect, and will provide any additional information and complete any necessary forms related to the issuance of a Revocable License for the Use of Real Property.

Signature: _____

Date: _____

(Electronic typed name indicates signature)

Title: _____

[Click here to view interim policy for 3rd party use of court facilities.](#)

COURT USE ONLY

Court to email this application to the Office of Real Estate and Facilities Management Event Licenses mailbox at: aoceventlicenses@jud.ca.gov or submit via fax to: Sarah Sanchez, Sr. Real Estate Administrative Coordinator at 415-865-8885.

APPROVED NOT APPROVED APPROVED WITH MODIFICATIONS OR RESTRICTIONS LISTED BELOW:

Modifications or Restrictions (explain): _____

Name of room(s)/courtroom(s) approved for event: _____

Requested facility's normal business hours of operation: _____ a.m. to _____ p.m.

Is this a court-sponsored event? YES NO

Have security arrangements been confirmed? YES NO N/A Pending

Have janitorial arrangements been confirmed? YES NO N/A Pending

AOC License Fee will be collected by Court

AOC License Fee will be mailed to the AOC

Please make check payable and mail to:
Administrative Office of the Courts
 Office of Real Estate and Facilities Management
 Attn: Sr. Real Estate Administrative Coordinator
 455 Golden Gate Avenue
 San Francisco, CA 94102-3688

By: _____
 Court Executive Officer or Designee
 (Electronic typed name indicates signature)

Date: _____

AOC USE ONLY

Building Name: _____
 County of _____

Building ID: _____
 Oracle ID: _____

APPROVED NOT APPROVED APPROVED WITH MODIFICATIONS OR RESTRICTIONS LISTED BELOW:

Modifications or Restrictions (explain): _____

\$200 AOC License Fee applies for each date of use: YES NO

\$_____ one-time fee applies for commercial use: YES NO

 Supv Fac Mgmt Administrator Date
 (Electronic typed name indicates signature)

 Sr. Real Estate Analyst Date
 (Electronic typed name indicates signature)