

## PUBLIC PERFORMANCE LICENSE APPLICATION FOR SCREENING "THE HUMAN EXPERIENCE"

Please scan and email your completed application to Grassroots Films at <a href="license@grassrootsfilms.com">license@grassrootsfilms.com</a> or fax to (718) 349-1558. Please note that licenses are effective only once applications have been fully completed, received by Grassroots Films, and approved. Applications are approved and licenses issued usually within one to three business days from the time an application is filed. You will receive documentation of approval via email. Please note that licenses do not include a copy of *The Human Experience* on DVD. You may purchase the film at <a href="www.GrassrootsFilms.com">www.GrassrootsFilms.com</a>.

TODAY'S DATE	TYPE OF ORGANIZATION		
ORGANIZATION NAME			
MAILING ADDRESS			
CITY	STATE	ZIP	
REPRESENTATIVE	TITLE		
EMAIL	FAX		
PHONE	# OF PEOPLE IN ORGANI	ZATION	
REQUESTED LICENSE PERI	IOD:		
(#) screening(s) to be held o	n ( <b>DATE</b> ) at _		(TIME)
at	(LOCATION)		_(ADDRESS).
Will you be charging admission f	For the film screening?	☐ Yes	□ No
If so, how much?	_ (\$ PER TICKET)		
Will you be asking for a donation	n/offering before or after the screening?	☐ Yes	□ No
ANTICIPATED AUDIENCE S	IZE*Please attach a one-parag	raph synopsis	of event details.

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## GRASSROOTS FILMS

## BROOKLYN, NEW YORK

APPROVED BY		_ TITLE		
SIGNATURE		DATE		
PERMIT #	PRICE	EXPIRES	LIFE OF FILM	