

Legislative Hall Application for Facility Use Permit

CONTACT INFORMATION:

1. Organization Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
2. Name of PRIMARY person in charge: _____
Phone Number: _____ Phone Number on day of Event: _____
Email: _____

DEMONSTRATION/EVENT OR EXHIBIT INFORMATION:

1. Type of event of exhibit: _____
Explanation for Other: _____
2. Purpose of event or exhibit: _____
3. Proposed date: _____ Proposed hours: From – To _____
4. Number of attendees expected: _____
5. The requested location for the event or exhibit: _____
Explanation for Other: _____
6. List special equipment to be used: _____
7. Please check all that apply: Do you wish to hand out food?
 Do you need electric?
 Do you need a podium? (Available for events other than demonstrations.)
 Do you need a microphone? (Available for events other than demonstrations.)

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT I AGREE TO THE TERMS AND CONDITIONS LISTED IN THE LEGISLATIVE HALL FACILITY USE POLICY, WHICH I HAVE READ, INCLUDING § 10 REGARDING INDEMNIFICATION.

Submit 10 business days before the proposed event or exhibit to allow for processing of the application.

Name: _____
Title or Position in Organization: _____
Signature: _____
Date: _____

Official Use Only

Date Received: _____ Approved Denied
Approved/Denied by: _____ Date: _____
Comments: