

# 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 or 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: \_\_\_\_\_