

APPLICATION TO USE STATE FACILITIES AND GROUNDS

Please complete the following three pages, signing where required, and return to the Division of Real Properties by email at marcia.brawner@ky.gov, or by mail at:

Division of Real Properties
 Attn: **Marcia Brawner**
 403 Wapping Street, Suite 300
 Frankfort, KY 40601

Upon receipt of your application, the Division of Real Properties will review and notify you of approval and any fees due.

NOTE: If a contemplated use of state facilities and grounds is for any purpose other than demonstration activities, the applicant must also submit a “Rental Information and Lease Agreement”

Section One: Applicant Contact Information		
First Name:	Last Name:	
Street Address:	Apt or Suite:	
City:	State:	Zip:
Primary Contact Number:	Ext:	
Alternate Contact Number:	Ext:	
Email:	Fax:	

Section Two: Organization Information (if applicable)		
Organization Name:		
Street Address:	Apt or Suite:	
City:	State:	Zip:
Organization Phone Number:		
Organization Email:	Fax:	
501(c)(3)# (if applicable):		
Have you or this organization previously coordinated, promoted, or held a prior event on state facilities or grounds? YES NO (If yes, please answer the following):		
Prior Event Name:		
Location:		
Date:		
Prior Contact Person:		
Prior Contact Phone:		

Section Three: Event Information	
Name of Event:	
Anticipated Daily Attendance:	Anticipated Number of Buses:
Date(s) of Event:	
Start Time (including set-up):	
End Time (including clean-up):	
Event Web Address:	
Proposed Location/Address: (Additional forms may be required for use of historic buildings.)	

Nature of Event (Check appropriate box(es) best describing the nature of your activity):	
<input type="checkbox"/> Demonstration (Rally, Vigil, etc.)	<input type="checkbox"/> Filming/Photography
<input type="checkbox"/> Musical Performance	<input type="checkbox"/> March
<input type="checkbox"/> Car or Vehicle Exhibit	
<input type="checkbox"/> Other (Describe):	
Please Describe the Proposed Event in Detail:	
Anticipated Props and Equipment: (please be as specific as possible)	
<input type="checkbox"/> Handheld Signs, Placards: Quantity	<input type="checkbox"/> Banners
<input type="checkbox"/> Podium	<input type="checkbox"/> Distribution of Literature
<input type="checkbox"/> Chairs	<input type="checkbox"/> Press Riser or Stage
<input type="checkbox"/> Lighting Equipment	<input type="checkbox"/> Portable Sound System
<input type="checkbox"/> Tables: Quantity	<input type="checkbox"/> Camera Tripod
<input type="checkbox"/> Food or Drink Service:	<input type="checkbox"/> Other:
List Extra Services You Request be Provided to You: (additional fees may apply)	
<input type="checkbox"/> Electricity	<input type="checkbox"/> Restrooms
<input type="checkbox"/> Podium, Backdrop, or Flags	
<input type="checkbox"/> Additional Trash Receptacles:	
<input type="checkbox"/> Other (Describe):	
Onsite Contact Person:	
Contact Mobile Phone Number:	
Are You Aware of a Person(s) or Organization Who May Attempt to Disrupt Your Event? YES NO	
If yes, please explain:	
Will any person(s) attending bring or carry a firearm or weapon? YES NO	
(If yes, please explain):	
Has this event Previously Been Held in Another Location? YES NO (If yes, please answer the following):	
Prior Event Name:	
Location:	
Date:	
Prior Contact Person:	
Prior Contact Phone:	

Section Four: Marshalls and Clean-up		
Will Event Marshalls be Utilized?	YES NO	If Yes, How Many?
How Will an Individual be Identifiable as an Event Marshall?		
What is Your Trash Removal and Pick-Up Plan?		
Volunteers or Outside Refuse Company: (If volunteers will be utilized, provide estimated number of volunteers)		
Refuse Company Name:		
Volunteer Coordinator Name:		
Volunteer Coordinator Phone:		

PART D – To be completed by APPLICANT upon receiving notice of approval to use Commonwealth Facilities

Applicant acknowledges that the total fee for requested items \$ _____ will be paid in full prior to receipt of executed application. This fee does not relieve the applicant of any claim or real or personal property damages, deposit for damages and/or etc.

By: _____

Applicant/Representative

Title

Date