

Rev. 08-2008

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT FOR FACILITIES AND SUPPORT SERVICES  
APPLICATION TO USE COMMONWEALTH FACILITIES**

Permits are issued at the discretion of the Finance Cabinet Secretary for activities that will not interfere with or disrupt governmental functions.

<b>PART A - To be completed by Applicant</b>	
1. Name of person, firm, organization or group: _____	2. Describe purpose of group: _____
3. Date and hours requested: From: _____ To: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span><input type="checkbox"/> AM <input type="checkbox"/> PM</span> <span><input type="checkbox"/> AM <input type="checkbox"/> PM</span> </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> <span>(date)</span> <span>(time)</span> <span>(date)</span> <span>(time)</span> </div>	
4. Area being requested for use, including building name or street address (additional forms required for use of historic buildings): _____	
5. Framework of group: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local <input type="checkbox"/> Statewide <input type="checkbox"/> National in scope	6. Number of people (buses) expected to attend: # People: _____ # Buses: _____
7. Name of person in charge: _____ Mailing Address: _____ Telephone: _____	
8. Describe, in detail, activities to be conducted on Commonwealth property: _____	
9. List names and phone numbers of persons who can supply supportive information about your group: _____	
10. List services required: <input type="checkbox"/> Electricity <input type="checkbox"/> Restrooms <input type="checkbox"/> Table(s) No. _____ <input type="checkbox"/> Chair(s) No. _____ <input type="checkbox"/> Podium <input type="checkbox"/> Trash Receptacle(s) No. _____ <input type="checkbox"/> Other (explain) _____ <small>(There may be a charge for these services; if so, approved permit will note said fee in Part D below.)</small>	
11. Do you plan to bring animals on Commonwealth property? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____	12. Will any person attending bring or carry a firearm or weapon? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____
13. Car or vehicle exhibit? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. Do you plan to serve food or drink? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(If so, you hereby acknowledge that you will apply for a food permit with the Franklin County Health Department.)</small>
I request use of the described Commonwealth facilities based on the information set forth above. I certify that I am an authorized representative of the person(s), firm, group or organization applying for permission to use the facilities and am authorized to enter into agreements and understand that any mis-statement of the information provided herein shall be grounds to refuse or revoke the application.	
INDEMNIFICATION: The applicant agrees to indemnify, defend and save harmless the Finance and Administration Cabinet and the Commonwealth of Kentucky, its employees and agents from all claims, demands, suits, actions, proceedings, loss, cost and damages of every kind of description, including attorney's fees or other litigation expenses which may be asserted or made against or incurred by the Finance and Administration Cabinet and the Commonwealth of Kentucky, its employees and agents on account or loss of or damage to any property or for injuries to or death of any person caused by, arising out of, or contributed to, in whole or in part, by reasons of any alleged act, omission, mistake, negligence or other fault of applicant, its employees, agents, representatives, members, or contractors, their employees, agents, or representatives or guests of applicant in connection with or incident to the performance of this agreement, or arising out of applicant's use of the facility. Applicant's obligation under this provision shall not extend to any liability resulting from the sole negligence of the Commonwealth, any of its agencies, officers, employees, or agents.	
ORGANIZATION: _____	
SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____	
Title: _____	Date Signed: _____
<b>PART B - To be completed by Facilities Security, Kentucky State Police, when applicable</b>	
Will extra security be required? <input type="checkbox"/> No <input type="checkbox"/> Yes (how many?) _____	Additional expenses? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____
By: _____ Facilities Security	_____ Title
_____ Date	
<b>PART C - To be completed by Facilities and Support Services</b>	
Comments or limitations: _____	
Recommend Approval? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
_____ Signature	_____ Title
_____ Date	
<b>PART D</b>	
Applicant acknowledges that the total fee for requested area \$ _____ will be paid in full prior to receipt of executed application. This fee does not relieve applicant of any claim of real or personal property damages, deposit for damages, and/or etc.	
By: _____ Signature	_____ Title
_____ Date	