

APPLICATION TO USE STATE FACILITIES AND GROUNDS

Please complete the following four pages, making sure to sign where required, and return to the Department for Facilities and Support Services by email at capitol.tourdesk@ky.gov, or by mail at:

Department for Facilities and Support Services
Attn: Capitol Tour Desk
Capitol Education Center
706 Capitol Ave.
Frankfort, KY 40601

Upon receipt of your application, the Department for Facilities and Support Services will review and notify you of the approval or any fees associated with your event.

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."

Date(s) Requested:		
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) number (if applicable):		

Section Three: Event Information									
Name of Event:									
Anticipated Attendance:	Anticipated Number of Buses:								
Date(s) of Events:									
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 (i.e. demonstration, rally, performance, etc):									
Please describe the proposed event in detail:									
Onsite Contact Person:									
Onsite Contact Mobile Phone:									
Are you aware of a person(s) or organization who may disrupt your event? <i>YES or NO</i> If yes, please explain in detail:									
Will any person(s) attending carry a firearm or weapon (either concealed or visible)? <i>YES or NO</i> If yes, please explain in detail:									
<table border="1"> <tr> <td>Has any news outlet(s) reached out to you regarding your event? <i>YES or NO</i></td> </tr> <tr> <td>Has this organization/event been previously coordinated, promoted, or held in/on state facilities or grounds? <i>YES or NO</i></td> </tr> <tr> <td>If yes, please answer the following:</td> </tr> <tr> <td>Prior Event Name:</td> </tr> <tr> <td>Location:</td> </tr> <tr> <td>Date:</td> </tr> <tr> <td>Location Contact Person:</td> </tr> <tr> <td>Location Contact Primary Phone:</td> </tr> </table>		Has any news outlet(s) reached out to you regarding your event? <i>YES or NO</i>	Has this organization/event been previously coordinated, promoted, or held in/on state facilities or grounds? <i>YES or NO</i>	If yes, please answer the following:	Prior Event Name:	Location:	Date:	Location Contact Person:	Location Contact Primary Phone:
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If yes, please answer the following:									
Prior Event Name:									
Location:									
Date:									
Location Contact Person:									
Location Contact Primary Phone:									

Section Four: Event Equipment <i>NOTE: All equipment must be supplied by applicant/organization for outdoor events only. Please attach vendor information/insurance if necessary.</i>	
Anticipated Props and Equipment (please mark all that apply, being specific as possible):	Banners:
Chairs (Quantity):	Distribution of Literature:
Tables (Quantity):	Press Riser or Stage:
Podium:	Portable Sound System:
Podium Backdrop, or Flags:	Camera Tripod:
Trash Receptacles:	Port-a-Potty's:
Lighting Equipment:	Extension Cords:
Handheld Signs, Placards (Quantity):	Other:
Food or Drink Services:	Handheld Signs, Placards (Quantity):

Section 5: Marshalls and Clean-up	
Will Event Marshalls be utilized? YES or NO	If yes, how many?
How will an individual be identifiable as an Event Marshall? Please explain in detail.	
What is your trash removal and pick-up plan? Please explain in detail.	
Volunteers or outside Refuse company? If volunteers will be utilized, how many volunteers will be available onsite for cleanup?	
Refuse company name:	
Volunteer coordinator name:	
Volunteer coordinator mobile phone number:	

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, cost and damages of every kind and 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 of 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 applicants 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.

ACCEPTANCE

I request use of the described Commonwealth facilities based on the rules set forth above and accept all terms and conditions contained herein. I certify that I am an authorized representative of the person(s), firm, group, or organization applying for permission to use the facilities; I am at least eighteen years of age, and am authorized to enter into agreements.

Name of person responsible: _____

Phone Number: _____

Email Address: _____

Signature: _____