Wisconsin State Assembly Facility Use Permit Application

To the Applicant:

Please complete application form entirely. Your application is subject to the approval of the Sergeant at Arms. *This is not a contract or lease for the provision of space within the State Capitol.* Your reservation will not be confirmed until after we have received the required monetary deposit. Your reservation is subject to cancellation at short notice if a legislative activity conflicts with your reservation, even if that activity arises after your reservation is confirmed. **Checks Payable to Assembly Chief Clerk.** Send to **Assembly Sergeant-at-Arms; P.O. Box 8952, Madison, WI 53708-8952**

| Organization Name and Add | dress | | | Applicant | Name and Address |
|---|--|---|-----------------|-----------|------------------|
| Name | | Name | | | |
| Address | | Address | | | |
| City State ZIP | | City | | State | ZIP |
| Phone | | Phone | | | |
| | | E-Mail Ad | E-Mail Address: | | |
| Date and Time Requested: TP: Request full window of time needed, it feardown. For example, if your event starts need to start setup a fricon, request noan a | s at 2:00 p.m., but you 👘 | | | | |
| Location Requested (Circle One or More) | Assembly Chamber A Galleries (please circle if needed): East(80) | Assembly Parlor 225NW 328NW 300NE 415NW GAR NHR): East(80) West (60) South (17) | | | |
| Proposed Use and Featured Speakers | | | | | |
| Special Equipment Needs (may require additional deposit) | | | | Crowd Es | timate |
| I, the undersigned, understand and agree to obey the following regulations: (Rev. 7/12/2010) | | | | | |
| Applicants will pay all applicable charges for damage to state property, labor charges, unauthorized alteration to the facility, and custodial charges incurred by the Assembly Sergeant-at-Arms arising from their use of the aforesaid state facilities. No furnishings may be moved without the express prior permission of the Assembly Sergeant at Arms or his designee. Under no circumstances shall the equipment or property of the Assembly be removed. No food or drink may be consumed in any room unless prior arrangements have been made with the Assembly Sergeant at Arms. The facility should be left in the state it was found upon entering. The facility needs to be completely free from debris and litter (no glitter); otherwise applicant will pay all fees associated with custodial services. Signs and banners may not be displayed on facilities without express written permission. Any sign must be removed from sticks. All signs and decorations must comply with ch. Adm 2, <u>Wis. Adm. Code</u>. No red juice of any kind or alcoholic beverages are permitted in the Capitol Building. No open flames of any kind are permitted in the Capitol. This includes candles, sterno fuel, cigarettes, lighters, and the like. Capitol building hours of operation are 8 am to 6 pm Monday-Friday and 8 am to 4 pm on weekends/holidays and must be followed. The Sergeant at Arms staff hours are 8 am to 5 pm Monday-Friday and closed on Holidays and Holiday weekends. Fees may be charged for events requiring extraordinary police or maintenance service, the use of the sound system, adapters, and outlets. Instruments or equipment brought in must be able to be carried by hand and be acoustic. Amplifiers are not allowed. Advance payment may be required for some services. Insurance, when required, shall include coverage for contractual liability with minimum limits of \$1,000,000 per occurrence for bodily injury, and property damage limits of \$250,000 per occurrence. The Certificate of Insurance shall name the St | | | | | |
| Applicant's Signatu | | , | Date: | | |
| \$750 Refundable Pre-dated Deposit Required and Usage Fees – Please Read! | | | | | |
| We collect a \$750 refundable deposit for the use of our rooms in order to indemnify the taxpayers against facility damage and unusual cleanup costs. Your deposit will be returned shortly after your event, once applicable hourly charges are billed and paid. If there are damages or cleanup/maintenance costs, you | | | | | |

will be notified before your deposit is liquidated. Please enclose a personal or business check, payable to the **Assembly Chief Clerk**, with this form. To ensure your reservation, **please pre-date your check to within a month of the actual event date**. Checks will NOT be accepted, nor rooms confirmed until an appropriately dated (cashable) check is submitted. Please mail both to: Assembly Sergeant at Arms, P.O. Box 8952, Madison, WI 53708-8952.

All users will be subject to a charge of **\$100** an hour (3 hour minimum charge) for the use of the Assembly Chamber or Parlor for the duration of your event. Events taking place solely in hearing rooms in the Assembly will be subject to a charge of **\$50** an hour (3 hour minimum charge) for use of these spaces.

| Sergeant's Signature: | OFFICE USE ONLY CkApp//Conf// | | |
|-----------------------|----------------------------------|--|--|
| | Billed/ Labor \$ | | |
| | Pd/ Ck Dp Ret// | | |