



# Capitol Square Review & Advisory Board

Phone: 614/752-9777 Fax: 614/752-5209  
Ohio Statehouse, 1 Capitol Square, Columbus, Ohio 43215  
OhioStatehouse.org

## APPLICATION FOR PERMIT TO USE STATEHOUSE & CAPITOL SQUARE FACILITIES

Today's Date: \_\_\_\_\_

Capitol Square Review and Advisory Board (CSRAB) exercises supervision and control of Capitol Square pursuant to 105.41 ORC

CSRAB hereby grants permission to:

Name of group: \_\_\_\_\_

Permit holder's name, address, phone number and email: \_\_\_\_\_

To occupy and use Capitol Square subject to the terms and conditions below:

Date of event: \_\_\_\_\_ Actual Event Start Time: \_\_\_\_\_ Actual Event End Time: \_\_\_\_\_

Arrival Time (set-up included): \_\_\_\_\_ Portion of Capitol Square to be occupied: \_\_\_\_\_

Approximate number of persons attending: \_\_\_\_\_ Type of event: \_\_\_\_\_

**The permit holder agrees that, during the terms of this permit,  
all Capitol Square policies and procedures will be adhered to, including the following:**

**Administrative Fee:** A \$50 administrative fee must accompany this application for the use of any two spaces of the Capitol Square complex. Payments may be made by credit card or by check made payable to Treasurer, State of Ohio. CSRAB, at its discretion, may waive fees for just cause.

**Additional Fees:** A charge of \$50 per space will be assessed to any additional space requested above the two spaces granted by this permit. This does not apply to weddings. The permit holder will be assessed all appropriate equipment, electricity and labor fees associated with the event. Payment is due five days before the event. Please make checks payable to Treasurer, State of Ohio.

**Prescribed Activities:** The permit holder shall not permit any act inconsistent with or in violation of local, state, or federal laws or CSRAB administrative rules.

**Payment:** Full payment for the event must be received five business days prior to the event taking place. Payments may be made by credit card or by check made payable to Treasurer, State of Ohio.

**Facility Protection:** The permit holder shall maintain Capitol Square facilities in a reasonable manner during the terms of this permit, keeping it clean, sanitary, and free of debris. After termination of this permit, Capitol Square areas shall be returned to CSRAB in the same condition as prior to the event.

**Security/Maintenance:** CSRAB or OSHP security personnel will be used as agreed upon by CSRAB and permit holder. All service charges will be billed to the permit holder prior to the date of the event. The permit holder is responsible for payment five business days prior to the event taking place.

**Outside Vendor:** A 20% facility fee will be assessed to all outside rental service providers. Final payment must be received 15 days after the event.

**Sound Equipment:** Use of sound projection equipment shall be in compliance with local noise ordinances and used in a manner so as to not interfere with the proceedings of the state or other activities being conducted on Capitol Square.

**Signs, Banners, Flags:** The use of stickers or labels, cellophane pressure sensitive tape, screws, nails, sticks, poles, or any other mounting technique for displaying signs, banners, or flags which adversely affects the structural, safety or decorative condition of the Capitol Square buildings or any permanent structure on the premises is prohibited.

**Supplemental Accommodation:** Supplemental accommodations such as, but not limited to: electricity, water, litter control, and outdoor facilities may be provided by CSRAB. These items will be charged to the permit holder.

**Interference:** Use of Capitol Square shall only be done in a manner so as not to interfere or compete with the normal business proceedings of the state.

**Food/Beverage:** No food or beverages, or merchandise shall be sold or dispensed on Capitol Square Grounds without the express written consent of CSRAB. No transient vendors are permitted to use the Capitol Square facilities. Food and beverage dispensing shall be in accordance with all state and federal laws.

**Liability:** The permit holder shall indemnify and hold harmless the state of Ohio and CSRAB against any and all claims, demands, actions, or causes, of actions, together with any and all losses, costs, or related expenses asserted by any person or persons for bodily injury, death, or property damages resulting from or arising out of this permitted use of Capitol Square.

**Smoking:** Smoking or vaping tobacco or electronic nicotine delivery systems, including but not limited to e-cigarettes, within the capitol buildings are prohibited.

**Hired Entertainment:** The Capitol Square permit holder shall pay to CSRAB a facility fee equal to 20% of any hired entertainment (before sales tax) which the client receives during their approved event in any of the Capitol Buildings or on the Capitol Grounds. Hired entertainment includes musicians, bands, disc jockeys, etc. This fee does not apply to weddings.

**C.S.R.A.B. USE ONLY:**

FEE: \_\_\_\_\_

PAID: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK/CC: \_\_\_\_\_

BALANCE: \_\_\_\_\_

PAID: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK/CC: \_\_\_\_\_

BALANCE: \_\_\_\_\_

EP #: \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_  
**Print name of PERMIT APPLICANT** **Signature of PERMIT APPLICANT**

I have read the above permit and agree to adhere to all CSRAB policies and procedures.

CSRAB REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

*This application must accompany the following before being reviewed:  
\$50 fee, signed Agreement of Compliance, Registration Form and  
copy of Non-profit statement if applicable and 15-day waiver if applicable.*

APPROVED

DENIED



**AGREEMENT of COMPLIANCE**  
**with Capitol Square Review and Advisory Board Rules**

I have read and understand the Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code.

By signing this Agreement of Compliance Form, I agree to comply with all Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code.

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Permit Holder Organization

\_\_\_\_\_  
Permit Holder's Name (please print clearly)

\_\_\_\_\_  
Permit Holder's Signature

\_\_\_\_\_  
Today's Date

*A copy of the Capitol Square Special Event Policies and Procedures and sections 128-4-01 to 128-4-06 of the Ohio Administrative Code are available at [OhioStatehouse.org](http://OhioStatehouse.org) or by contacting the Capitol Square Review and Advisory Board office at 614/752-9777.*

# REGISTRATION FORM

*This form must be submitted with the Application for Permit and signed Agreement of Compliance in order to make your application complete.*

Event Planning Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Billing information same as above  Bill as a ISTV (state agency only) Please enter OAKS Dept. Code: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Title: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Billing Organization: \_\_\_\_\_ Billing Email: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Nature of Event: \_\_\_\_\_

Space you would like to use: \_\_\_\_\_ Number of guests expected to attend: \_\_\_\_\_

Would you like guided tours of Statehouse? Yes / No If yes, preferred time: \_\_\_\_\_

*To book a tour, please contact the CSRAB educational services manager at 614/728-3726 or kclement@csrab.state.oh.us.*

Will you need catering services? Yes / No Do you plan to serve alcohol? Yes / No

**PLEASE INDICATE THE CATERER YOU PLAN TO UTILIZE:** Milo's Catering and Banquet Services \_\_\_\_\_  
The Berwick Catering \_\_\_\_\_ Cameron Mitchell Premier Events \_\_\_\_\_ City Barbeque \_\_\_\_\_  
L.A. Catering \_\_\_\_\_ Metro Cuisine Catering & Special Events \_\_\_\_\_ Spagio Catering \_\_\_\_\_ Two Caterers \_\_\_\_\_



Will you have OUTSIDE ENTERTAINMENT, including DJ or band? Yes / No

Name of entertainment: \_\_\_\_\_ Phone: \_\_\_\_\_

*All hired or donated entertainment is subject to 20% facility fee.*

*For the following items, please indicate the number of each of the equipment items you anticipate needing. This is intended to allow the CSRAB Special Events Office to begin to plan your event.*

*Final equipment needs will not be required until two (2) weeks prior to your scheduled event.*

## PACKAGES:

Press conference packages are available;  
please, contact the CSRAB Office of Special Events for package details and pricing information.

## ITEMIZED EQUIPMENT: *May not be used if you are selecting a package.*

OUTDOOR SOUND SYSTEM: SMALL _____ LARGE _____	
INDOOR SOUND SYSTEM _____	6x8 SCREEN & PROJECTOR (rear projection) _____
60" ROUND TABLE _____	PIPE & DRAPE Blue _____ Black _____
8 FT. TABLE _____ 6 FT. TABLE _____	COAT RACKS _____
30" CABARET TABLES Seated _____ Elbow _____	42" FLAT SCREEN MONITOR _____
CHAIRS, GRAY _____ WHITE PADDED _____	60" FLAT SCREEN MONITOR _____
RISERS (4x8) _____	MULT BOX _____
CHOIR RISERS _____	KEYBOARD _____
EASELS _____	CD AUDIO PLAYER _____ DVD PLAYER _____
PODIUM _____ WITH MIC _____	TELEPHONE CONFERENCING _____
MICROPHONES: Lapel _____ Wired _____ Handheld _____ Wireless _____	MICROPHONE STANDS _____