



Capitol Square Review & Advisory Board

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

Today's Date: _____

APPLICATION FOR PERMIT TO USE STATEHOUSE & CAPITOL SQUARE FACILITIES FOR AGENCIES ONLY

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: State agencies and all other official agencies of the executive and judicial branches of State of Ohio government (i.e., various cabinet agencies, Legislative Service Commission, Ohio Court of Appeals) are exempt from the special events application permit fee associated with events in conjunction **with official business.**

Official Business: IF SUCH EVENTS ARE HELD MONDAY THROUGH FRIDAY BETWEEN 8 A.M.AND 4 P.M.:

IF SUCH EVENTS ARE FOR OFFICIAL BUSINESS then:

1. No application permit fee.
2. Equipment fees will apply.
3. Labor and Highway Patrol security fees will apply.

Permit for Application must be signed by the director or authorizing authority of Ohio government entity.

Additional Fees: All equipment and staffing fees may apply if the event is after hours of 4 p.m. If any event is not defined as official business of the State of Ohio all fees apply. Payment is due five business days prior to event taking place.

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.

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.

Security/Maintenance: CSRAB or OSHP security or CSRAB maintenance personnel will be used as agreed upon by CSRAB and permit applicant. 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.

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.

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.

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.

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: Each party agrees to be responsible for any personal injury or property damage caused solely by its negligent acts or omissions as determined by a court of competent jurisdiction. In no event shall either party be liable to the other party for indirect, consequential, incidental, special, or punitive damages, or lost revenue.

_____ X _____
Print name of PERMIT APPLICANT **Signature of PERMIT APPLICANT with title**
I have read the above permit and agree to adhere to all Capitol Square policies and procedures.

_____ X _____
Print name of AUTHORIZING AUTHORITY **Signature of AUTHORIZING AUTHORITY**
FOR OFFICIAL BUSINESS

_____ DATE _____
CSRAB REPRESENTATIVE

***This application must accompany the following before being reviewed:
Signed Agreement of Compliance, Registration Form and
15-day Waiver if applicable.***

APPROVED

DENIED

C.S.R.A.B. USE ONLY:
EP #: _____



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 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 _____ Handheld

TELEPHONE CONFERENCING _____

MICROPHONES: Lapel _____ Wired _____ Wireless _____

MICROPHONE STANDS _____