



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 ELECTED OFFICIALS 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: The Office of the Governor, Ohio Senate, Ohio House of Representatives, statewide office holders and all departments and/or divisions of the State of Ohio are exempt from the application permit fee for official business.

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

1. Officeholder must be present for events of official business.
2. Application for Permit must be completed; application permit fee will be waived.
3. No equipment fees.
4. No labor charges.
5. No Ohio State Highway Patrol security fees.

Official business includes the authorized business of the office to carry out the duties of said office or officeholder, i.e., press conference associated with public policy or a legislative issue. The elected official whose name is on the permit must sign the Permit Applicant line of the document. (\$50 admin fee is waived).

For official state business: For members of the General Assembly except for Senate President and Speaker of the House, the second signature line on the permit must be signed by:

For House of Representative: House Clerk, House Chief of Staff, or House Minority Leader.

For Senate: Senate Clerk, Senate Chief of staff, or Senate Minority Leader.

Additional Fees: All equipment and staffing fees may apply if the event is after 4 p.m. If any event is not ruled 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 the 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.

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

CSRAB REPRESENTATIVE _____ DATE _____

APPROVED

DENIED

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

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



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 _____	TELEPHONE CONFERENCING _____
MICROPHONES: Lapel _____ Wired _____ Handheld _____ Wireless _____	MICROPHONE STANDS _____