Department of MANAGEMENT SERVICES

4050 Esplanade Way
Tallahassee, FL 32399-0950
850-841-9551 ~~850-488-2786~~

Ron DeSantis, Governor
Tom Berger ~~Pedro Allende~~, Secretary

Capitol Complex Space Use Application

In accordance with Rule 60H-6.007, Florida Administrative Code, an Agency may request to reserve Capitol Complex Space by submitting a completed application to the Department. An incomplete application may cause delays in processing. A separate application is required for each event location (e.g., if you require three event locations you will need to complete three applications.) For questions or assistance, please contact (850) 841-9551 ~~(850) 488-5636~~ or Reservations@dms.fl.gov.

1. **Event Title**

_____

2. **Request Type**

___ Meeting

___ Event

___ Operational Use

___ Reception

___ Media Event

___ Ceremony

___ Other

_____

3. ~~1.~~ **Agency Type:**

__ Department of State
__ Department of Legal Affairs
__ Department of Financial Services
__ Department of Agriculture and Consumer Services
__ Department of Education
__ Board of Governors of the State University System
__ Department of Business and Professional Regulation
__ Department of Children and Families
__ Agency for Persons with Disabilities

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__ Department of Law Enforcement
__ Department of Revenue
__ Department of Management Services
__ Department of Transportation
__ Department of Highway Safety and Motor Vehicles
__ Department of Environmental Protection
__ Department of Citrus
__ Department of Corrections
__ Department of Juvenile Justice
__ Department of the Lottery
__ Department of Veterans' Affairs
__ Department of Elderly Affairs
__ Agency for Health Care Administration
__ Department of Health
__ Department of Commerce ~~Economic Opportunity~~
__ Executive Office of the Governor
__ Fish and Wildlife Conservation Commission
__ Florida Commission on Offender Review
__ State Board of Administration
__ Department of Military Affairs
__ Legislative Branch
__ Judicial Branch

4. ~~2.~~ **Names of any third-party organizations that will participate:**

_____

_____

5. ~~3.~~ **Requestor's Information:**

Name: _____ Position:_____

Email Address: _____

Cell Phone: _____ Business Phone: _____

Business Address: _____

Note: If you are not the head of the Agency, by submitting this request, you certify that you have been delegated authority by the head of the Agency to submit this request, as required by Rule 60H-6.007, F.A.C. In the case of the Legislature, the head of the Agency is considered to be the Speaker of the House or the President of the Senate, and in the case of the Judiciary, the head of the Agency is considered to be the Chief Justice of the Supreme Court of Florida.

6. **Demonstration of Delegation**

If you are not the head of the requesting Agency, please attach evidence to this request demonstrating that you have been delegated authority by the head of the Agency to submit this request.

7. ~~4.~~ **On-Site Coordinator's Information:**

Name: _____ Position:_____

Email Address: _____

Cell Phone: _____ Business Phone: _____

8. ~~5.~~ **Event Location** (select one – see *Use of Capitol Complex Guidelines* for descriptions):

Indoor:

___Capitol Building - 22nd Floor

___ Plaza Level Rotunda (~~circle one:~~ North, South, or Both)

Outdoor:

___ Historic Capitol Front Steps

___ Old Capitol Steps

___ Capitol Courtyard

___ North Plaza

___ South Plaza

___ Capitol Cooking Area

___ Vietnam War Memorial

___ Waller Park

___ Large Vehicle Area

9. ~~6.~~ **Set Up Date, Start Time and End Time:**

_____

(setup and breakdown before or after hours may require payment for after-hours security services from Capitol Police – see *Use of Capitol Complex Guidelines*)

10. ~~7.~~ **Event Date, Start Time and End Time:**

_____

(~~this should~~ include clean-up time)

~~8. **Alternate Dates:** _____~~

~~9. **Will you need this space for multiple days:** ___Yes ___ No~~
~~(occupied events are limited to five days in duration; unoccupied events are limited to seven (7) days in duration – see *Use of Capitol Complex Guidelines*)~~

11. **Alternate Start Date/Time 1:**

Date**:** _____

Time: _____

12. **Alternate End Date/Time 1:**

Date**:** _____

Time: _____

13. **Alternate Start Date/Time 2:**

Date: _____

Time: _____

14. **Alternate End Date/ Time 2:**

Date: _____

Time: _____

15. ~~10.~~ **Describe Intended Activity in Detail:**

_____

_____

_____

_____

_____

16. ~~11.~~ **Explain how the requested use is consistent with the Agency's official purposes:**

_____

_____

_____

_____

_____

17. ~~12.~~ **Provide a brief description ~~highlight~~ of your event/display to be published on the Department's Public Calendar of Events**: (250-character limit)

_____

_____

_____

_____

18. ~~13.~~ **Estimated Number of Guests ~~Attendees~~:** _____

19. ~~14.~~ **Will you be bringing any physical objects or equipment on property?**

___ No

___ Yes (select from following list and provide details):

___ Exhibits: _____

___ Displays (Posters/Signs): _____

___ Podium: _____

___ Sound: _____

___ Stage: _____

___ Tables: _____

___ Chairs: _____

___ Tents (number and dimensions): _____

___ Flags: _____

___ Plants: _____

~~___ Other Props: _____~~

___ Mobile Units: _____

___ Vehicle Displays: _____

___ Other: _____

20. ~~15.~~ **Will food or beverages be served?**

___ No

___ Yes (provide details ~~the following information~~):

- Food/Beverage Stations: _____
- ___ Catered Food **or** ___ Store Bought Food
- On-site cooking? ___ Yes **or** ___ No
- If cooking on-site, please select the fuel type to be used:
  ___ Wood ___ Charcoal ___ Propane Gas
- ___ Pending
- Food/Beverage Details: _____

21. ~~16.~~ **Provide ~~Requestor~~ Plan for Clean-Up ~~Janitorial Service~~:** ~~(22nd Floor Only)~~

_____

_____

22. ~~17.~~ **General Comments:** (Please add anything else we should know to process your request.)

_____

_____

_____

_____

_____

CANCELLATIONS

The Department reserves the right to request that you postpone, relocate, or reduce in size and scope an approved reservation if necessary to accommodate additional reservation requests.

The Department may also cancel, postpone, or relocate an approved reservation if:

1. the space requested: i) becomes unavailable due to a valid emergency, ii) becomes uninhabitable, or iii) becomes unavailable because construction work to be done renders the space inaccessible; or
2. you violate the terms and conditions of the *Use of Capitol Complex Guidelines*.

If you decide to cancel the reservation, you must promptly notify the Department so that the space can be made available to another Agency. Failure to provide prompt notice of a cancellation may result in the denial of future requests.