



Application For Use Of Arkansas State Capitol Facilities

Office of the Secretary State
State Capitol
Little Rock, Arkansas 72201-1094
Office: (501) 682-6244 • Fax: (501) 683-1919
E-mail: capitolevents@sos.arkansas.gov

Approved

No Show

Availability is determined on a first come, first served basis. In order to allow sufficient time for planning and staff scheduling, a completed Capitol Events Request Form shall be received by the Secretary of State's Event Coordinator no fewer than 30 days prior to the date of the event. Signature of applicant attending event is required. Events are subject to cancellation by the Secretary of State's Office based on required staffing. (The 30-day requirement may be waived if the planned event is a photo shoot; or if the person requesting the event is an elected official, tenant of the building and/or designated agency head unless time requested conflicts with another previously scheduled event. PLEASE NOTE: Signature is required by the elected official, tenant of the building and/or agency head, and the applicant must be in attendance for entire event.) Applicant is required to sign in upon arrival of event and sign out upon departure of event.

APPLICATION INFORMATION

Name of Organization:		
Name of Contact Person:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Fax Number:	E-Mail Address:

EVENT INFORMATION (Please provide a tentative schedule of events)

Name of Event:		
Type of Event:		
<input type="checkbox"/> Musical Performance	<input type="checkbox"/> Rally	<input type="checkbox"/> News Conference
<input type="checkbox"/> Photo Shoot	<input type="checkbox"/> Parade (Include Route)	<input type="checkbox"/> Display
Brief Description of Event:		
Event Date:	Date Application is Submitted:	
Pre-Access Time: (NOT BEFORE 8:00 A.M.)	Event Start Time:	Event End Time:
Approximate Number Attending:		

LOCATION

<input type="checkbox"/> First Floor	<input type="checkbox"/> Third Floor	<input type="checkbox"/> Front Steps	<input type="checkbox"/> Picnic Area	<input type="checkbox"/> Monuments
<input type="checkbox"/> Second Floor Rotunda	<input type="checkbox"/> Fourth Floor	<input type="checkbox"/> Other (Specify) _____		

FURNISHING / STAGING EQUIPMENT NEEDED (Please indicate quantity where appropriate)

<input type="text"/>	Chairs	<input type="text"/>	Easels	<input type="text"/>	Tables	<input type="text"/>	Power
<input type="text"/>	PA System	<input type="text"/>	Podium	<input type="text"/>	Trash Cans		

Note: The event organizer is responsible for setting up chairs or tables for any event, and cleaning up after the event. Chairs and tables must be returned to their racks. This applies only to events that occur when Capitol Facilities Staff are not on duty. For outdoor events, no tables or chairs are available. Any trash accumulated must be removed from the building. If necessary, your organization should hire a cleaning crew to work during and after the event.

Will deliveries be made? ____ Y ____ N What will be delivered? _____

Name and phone number of company making delivery: _____

SEATING ARRANGEMENT

Describe Any Special Seating Arrangement:

ELECTRICAL REQUIREMENTS

Describe Any Electrical Needs You May Have:

SPECIAL SETUPS

List Any Special Setup Items That Will Be Brought Onto The Capitol Grounds (Signs, Banners, etc.)

Return this form to:

Events Coordinator
Arkansas Secretary of State
Capitol Facilities Division
500 Woodlane Street, State Capitol
Little Rock, Arkansas 72201-1094
Off ce: (501) 682-6244 Fax: (501) 683-1919
E-mail: capitolevents@sos.arkansas.gov

I understand that approval is contingent upon availability of staff, space, and equipment required to accommodate the needs of all events. I have completed this form to the best of my knowledge, and have read and agree to abide by the Capitol Events Guidelines provided me regarding events held at the Arkansas State Capitol. I understand my deposit, **IF ANY REQUIRED**, may be forfeited if I fail to comply, and that in the event of inclement weather, The Secretary of State may not provide services or alternate event locations.

Signature of Applicant _____ Date _____

Canceled

Denied

Verification of Application Attendee: (time in: _____) (time out: _____)