



COUNTY OF FAIRFAX – FACILITIES USE PERMIT APPLICATION

To use common areas of the facilities and/or grounds at the Fairfax County Government Center Complex for non-profit purposes.

APPLICANT

Name of Applicant: _____ Phone: _____
(NOT org. name)

Applicant Address: _____ Fax: _____
(Street)

Applicant E-mail: _____ # of Participants: _____
(City/State/Zip)

Organization Represented: _____
(If Applicable)

ACTIVITY

Title/Purpose of the Activity: _____

Category of Non-Profit Activity (*check applicable box*):

- Government (Fed./State)
- Private – County Employee
- FCPS
- Private – County-Based Non-Profit
- Private – County Resident

REQUESTED DATE & TIME OF EVENT

	<u>Date:</u>	<u>Set-Up:</u> <i>max. 1 hr</i>	<u>Start:</u>	<u>Circle One:</u>	<u>End:</u>	<u>Circle One:</u>	<u>Clean-Up:</u> <i>max. 1 hr</i>
1 st Choice:	____ / ____ / ____	_____	_____	a.m/p.m.	_____	a.m/p.m.	_____ a.m/p.m.
2 nd Choice:	____ / ____ / ____	_____	_____	a.m/p.m.	_____	a.m/p.m.	_____ a.m/p.m.

For recurring monthly meetings, please attach a separate listing, to include dates, set-up, and start/end times.

REQUESTED LOCATION OF ACTIVITIES

BOS Auditorium: _____ Forum: _____ North/South Atrium (1st fl. Hallways): _____

Conference Center Reception Area: _____ Conference Room **preference**: _____

Grounds/Ellipse (specify location): _____ Parking Lots: _____

In Board Auditorium Only:	In Forum Only:	In Bd. Aud., rooms 2-3 & 9-10:
<input type="checkbox"/> LCD projector (Laptop not provided) <input type="checkbox"/> Podium w/ mic.	<input type="checkbox"/> Podium / Microphone (during Co. business hours M-F, it may be used 12:00 – 1:00p.m. <u>ONLY</u>)	<input type="checkbox"/> Assistive Listening Devices

REMINDERS

- A/V is available 7:30am – 4:00pm M-F in the conf. center. NO night or weekend use.
- ***NO HELIUM BALLOONS or SCOTCH TAPE are allowed in the Government Center Building.***

DETAILS OF USE

Describe below or on a separate sheet of paper the details of the use and equipment desired for each location requested.

Will Advertisements/Brochures be distributed?
Yes/No. If yes, describe: _____

Will Food/Drinks be served? Yes/No. If yes,
describe. _____

Is this activity, or any part thereof, a fundraiser?
Yes/No. If yes, describe: _____

Will a fee be charged to participants? Yes/No. If
yes, describe: _____

APPLICANT SIGNATURE

Permission granted for use of any portion of the facilities and/or grounds at the Government Center Complex by any organization or individual may be revoked, canceled, postponed, or rescheduled. I accept liability and hereby agree to indemnify and hold harmless the County of Fairfax, Virginia, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury and/or property damage in connection with the use of the facilities and/or grounds. I accept responsibility for control of the reserved area until the activity is completed. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA-required assistance for this event. I have received a copy of, read and agree to comply with the requirements for use of the Government Center Complex set forth in Procedural Memorandum #08-05, as amended. I understand that I may have to reapply if any changes are made to this application.

Applicant's Signature & Title

Date:

SEND APPLICATION TO:

8 YdH'cZ7 UV'YUbX'7 cbgi a Yf'GYfj jWYg !'7 ca a i b]WU]cbg'DfcXi W]cbg'8 j] jg]cb
A YY]b['GdUW'A UbU[Ya YbhUbX'9j YbhGYfj jWYg (MSMES)
12000 Gov. Ctr. Pkwy., Suite 127
Fairfax, VA 22035

OR FAX TO:

703-324-2420

RESCHEDULE

RESERVATIONS MAY BE RESCHEDULED: Must be requested prior to the 48 hour cancellation deadline.

Reschedule Date Requested On: _____

Original date rescheduled to: _____

Reschedule Date Approved On: _____

Approved by: _____

APPLICATION APPROVAL

MSMES Signature for Approval

Date

APPROVED PER ATTACHED CONFIRMATION