



# 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 <sup>st</sup> Choice:	____ / ____ / ____	_____	_____	a.m/p.m.	_____	a.m/p.m.	_____ a.m/p.m.
2 <sup>nd</sup> 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 (1<sup>st</sup> fl. Hallways): \_\_\_\_\_

Conference Center Reception Area: \_\_\_\_\_ Conference Room **preference**: \_\_\_\_\_

Grounds/Ellipse (specify location): \_\_\_\_\_ Parking Lots: \_\_\_\_\_

<b>In Board Auditorium Only:</b>	<b>In Forum Only:</b>	<b>In Bd. Aud., rooms 2-3 &amp; 9-10:</b>
<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:**

**Meeting Space Management and Events Support  
c/o Department of Cable and Consumer Services  
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

\_\_\_\_\_  
**FMD** Signature for Approval

\_\_\_\_\_  
Date

**APPROVED PER ATTACHED CONFIRMATION**