

Assembly Sergeant at Arms, PO Box 8952, Madison, WI 53708-8952

Legislative entities have room use priority. Your reservation is subject to cancellation at short notice if a legislative activity conflicts with your reservation, even if that activity arises after your reservation is confirmed. This is not a contract or a lease for the provision of space within the State Capitol.

Facility Usage Requirements

The facility is to be used with care, and is to be used **as-is**. This includes that:

- No furniture is to be moved without the express prior permission of the Assembly Sergeant at Arms or designee.
- Equipment (computers, etc.) used in Assembly operations is not to be touched. Under no circumstances shall the equipment or property of the Assembly be removed.
- No one is allowed on the Upper Dias (Speaker's Podium) without the express prior permission of the Assembly Sergeant at Arms.
- No open flames of any kind are permitted in the Capitol. This includes candles, sterno fuel, cigarettes, lighters, etc.
- No red juice or any kind of alcoholic beverages are permitted in the Capitol.
- No food may be consumed in any room unless prior arrangements have been made with the Assembly Sergeant at Arms.
- The facility needs to be completely free from debris and litter. Applicants will pay all fees associated with custodial service.
- Signs, banners and decorations (including balloons) may not be displayed on facilities without express written permission. Any sign must be removed from sticks. All signs and decorations must comply with ch. Adm 2, Wis. Adm. Code.
- Instruments that are brought in must be able to be carried by hand and be acoustic. No amplifiers are allowed.
- The building hours are set by Capitol Police and must be followed.
- The Assembly is not responsible for any theft or damage to any item brought in by an individual using an Assembly room.
- This is not a contract or lease for the provision of space within the State Capitol. Your reservation is subject to cancellation at short notice if a legislative activity conflicts with your reservation, even if that activity arises after your reservation is confirmed.

\$750 Pre-dated Deposit

Applicants need to include a **\$750 refundable deposit** to indemnify the taxpayers against property damage, clean up cost, or any other unexpected costs. Applicants will pay all applicable charges for damage to state property and any other charges incurred by the Assembly Sergeant-at-Arms arising from their use of the state facilities.

- Please enclose a pre-dated check, payable to the **Assembly Chief Clerk**, with this form. To ensure your reservation, pre-date your check to within a month of the actual event date. Your deposit will be returned shortly after your event has been cleared from any liability. Checks will NOT be accepted, nor rooms confirmed until an appropriately dated (cashable) deposit check is submitted. Please do not include applicable application fee(s) in this deposit. Please mail checks and application to: Assembly Sergeant at Arms, P.O. Box 8952, Madison, WI 53708-8952
- Charges can include, but are not limited to fees associated with custodial services, unauthorized alteration of the facility, replacement charges for damage to state property, unanticipated labor incurred by the Assembly Sergeant-at-Arms, charges for extraordinary police or maintenance service, the use of the sound system, adapters, and outlets. Advance payment may be required for some services.
- Insurance, when required, shall include coverage for contractual liability with minimum limits of \$1,000,000 per occurrence for bodily injury, and property damage limits of \$250,000 per occurrence. The Certificate of Insurance shall name the State of Wisconsin, its officers, employees, and agents as "Additional Insured."
- Applicants will provide a sufficient number of designated "crowd marshals," if required.

\$750 /\$375 Non-refundable Application Fee

All ceremonies are subject to a **\$375 or \$750 non-refundable application fee**. This charge is for a designated time period either 9:30 am-12:30 pm or 12:45 pm-3:45 pm. Those conducted within normal business hours (8 am - 5 pm, Monday - Friday) hours are subject to the \$375 charge; those conducted after-hours and on weekends are subject to the \$750 charge.

- This application fee is non-refundable (accept if a space is unavailable due to Legislative activity.)
- This fee must accompany your application as a separate check from your usage deposit and will be cashed upon receipt.
- Checks can be made payable to the **Assembly Chief Clerk**. Rooms will not be confirmed until a cashable check is submitted. Please mail checks and application to: **Assembly Sergeant at Arms**, P.O. Box 8952, Madison, WI 53708-8952
- All setup and take down needs to be completed in the applicant's designated time period, either 9:30 am-12:30 pm or 12:45 pm-3:45 pm. The facility will be opened and closed at the designated times, please plan accordingly. Capitol building hours of operation are 8 am to 6 pm Monday-Friday and 8 am to 4 pm on weekends/holidays. The Sergeant at Arms staff hours are 8 am to 5 pm Monday-Friday and closed on Holidays and Holiday weekends.
- Lights in the Assembly Chamber will be turned on for rehearsals held within the Sergeant at Arms operating hours (8-5, M-F.) Otherwise, the lights will remain off, unless arrangements are made in advance to have a staff person present up until 6 pm on weeknights (\$150 charge.)
- An application check that has non-sufficient funds for cashing will result in event cancellation.

Failure to follow these rules will result in surrender of full security deposit and suspension from further use.

Wisconsin State Assembly Wedding Permit Application

Your reservation is subject to cancellation at short notice if a legislative activity conflicts with your reservation, even if that activity arises after your reservation is confirmed. This is not a contract or a lease for the provision of space within the State Capitol. Failure to follow the rules outlined in the usage agreement will result in surrender of full security deposit and suspension from further use.

No reservation will be confirmed until after we have received the appropriately signed application, pre-dated monetary deposit, and non-refundable application fee. Make two separate checks (\$750 & \$750/\$375) each payable to the **Assembly Chief Clerk**. Mail application and checks to: **Assembly Sergeant at Arms, PO Box 8952, Madison, WI 53708-8952.**

<u>Applicant Information</u>	<u>Co-Applicant Information</u>
Name _____	Name _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____	Phone _____
Cell Phone _____	Cell Phone _____
E-Mail Address: _____	E-Mail Address: _____

<u>Wedding Date & Time Request</u>	<u>Location Request (Circle One or More)</u>	
NOTE: All aspect of event need to be completed within the designated time slot, please plan accordingly by setting your ceremony at a time that will allow you sufficient setup and take down time.	Assembly Chamber <small>(100+ seats)</small>	Assembly Parlor <small>(approx 30 seats)</small>
Date: _____	Galleries (circle if needed): East (80) West (60) South (17)	
Ceremony time: _____	<u>Chamber Equipment</u>	<u>Crowd Estimate</u>
Time slot: 1) AM (9:30-12:30)	standing mic - yes no	
(please circle)	floor desk mic - yes no	
2) PM (12:45-3:45)	mp3 connector - yes no	

<u>Rehearsal Date & Time Request</u>	<u>Location Request (Circle One or More)</u>
NOTE: Rehearsals conducted within normal business hours do not require additional payment. Those conducted outside normal hours of operation may require additional pre payment.	Assembly Chamber
Date: _____ Time: _____	Assembly Parlor
For rehearsal after 5 pm: <input type="checkbox"/> No lights <input type="checkbox"/> Lights (\$150 fee enclosed)	225NW

I (We), the undersigned, understand and agree to obey the regulations outlined in the "Wisconsin State Assembly Usage Agreement":

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

OFFICE USE ONLY Received ___/___/___ Ck Nm _____ \$750 Dep Ck _____ App Ck _____ \$750/375 Appvd ___/___/___ Add to Cal ___/___/___ Conf ___/___/___ Sent to CC ___/___/___ Addtl Bill/Ltr - NA or \$ _____ on ___/___/___ Dep Ret ___/___/___
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Sergeant's Signature: _____