



STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES

APPLICATION FOR USE OF DAS FACILITIES

Please print or type, and send completed application form to: State of Connecticut, DAS Facilities Management, 450 Columbus Boulevard, Suite 1403, Hartford, CT 06103

Facility Wanted: (full address)	Date(s)	From: (time)	To: (time)
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Organizational Name:		Phone #:	
		Fax #:	
Address (No. & Street)	Town	State	Zip Code

Purpose of Use: _____ _____			
If selling goods/services, has the applicant registered with CSEC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Will admission be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount:\$ _____			
Has approval been provided to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide proof of host liquor liability coverage)			
On-Site Contact Person:	Email Address of Contact:	Phone # of Contact:	Estimated Attendance:

Certification. I have read and understand the Policy, Procedure and Rules Relating to the Use of State Facilities for Non-State Business Purposes and agree to fully comply with all the rules and procedures stated therein. This agreement includes but is not limited to the provisions in Section VII of the Policy, Procedure and Rules, which provide that the State of Connecticut, its officers, employees and agents provide no representations or warranties relating to the use of DAS Facilities, and wherein I agree to release, indemnify and hold harmless the State of Connecticut, its officers, employees and agents for any loss, damage or injury sustained in connection with my use of the Facility.

I further certify that, if signing on behalf of an organization, I am duly authorized by the organization to legally bind the organization. If not signing on behalf of an organization, I certify that I understand that I am personally liable for my use of the Facility.

Signature: _____ Date: _____
Print Name: _____ Title: _____



FOR DAS USE ONLY – APPLICANTS SHOULD NOT WRITE BELOW THIS LINE

DAS Personnel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Uniformed Police or Fire Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify (& notify User): _____
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Insurance Required? (DAS/SSU to consult Daria Cirish at DAS/SIRMB) Yes No

If yes, specify: **General Commercial Liability?** Minimum Amount Required: _____
 Automobile Insurance? Minimum Amount Required: _____
 Workers' Compensation?
 Other? Specify: _____

If insurance is required, Insurance Certificate(s) showing required coverages and naming "State of Connecticut" or "State of Connecticut, DAS" as additional insured has been received.

Insurance Policy #(s):	Name of Insurance Company:	Amount:	Date:

Has approval been provided to serve alcohol? Yes No

If yes, obtain proof of host liquor liability coverage
 Policy #: _____; Name of Insurance Co. _____

Has User been approved to take photographs, video or engage in other marketing/press activities?
 Yes No

Conditions: _____

FEES

Reimbursement for Staff/Personnel: \$ _____

Other Fees Assessed: \$ _____ (Describe: _____)

TOTAL AMOUNT DUE: \$ _____ (Advance Payment Required)

Payment Received? Yes No Date: _____

Facilities Use Approved **Disapproved**

Conditions: _____

Signature (Commissioner or Designee): _____ **Date:** _____

Name & Title (Print): _____