

## **Application for Non-Commercial Use of University Facilities**

Name of Organization:				Contact Name:		
Address:				Email:		Phone:
City:	Stat	е	Zip			
Name/Title of Authorize	d Representativ	e for Permit				
Event Type: SUNY	Empire State Sp	onsored	Non- SL	JNY Empire Sto	ate Sponsored	
Estimated Attendance:		Purpose	e of Event:			
Building Requested: Room Number(s):						
Details of Request:	Day 1	Day 2	Day 3	Day 4	Day 5	Additional
Date:						
Door Unlock:						
Set-up Time:						
Event Start Time:						
Event End Time:						
Clean-up Time:						
Door Lock:						
	*Afterhours	, including	weekends, availa	ble pending	staff availability	for an additional fee
Total # of Days Requeste	ed:	Total n	umber of hours red	quested:		
Room Setup Requested: See our Table S	-		/orkshop Class	room Boar	droom Other:	
	es must provide		ptop and can conr	-		er: ssly. Instructions and Wi-Fi information uestions or technology needs
Food Being Served:	Yes	No	If yes, by whom?	)		
High Profile Attendee(s)	? Yes	No	If yes, who?			
Additional Comments:						
The following requirem	ents are necess	ary from th	ird parties prior to	o use of Empir	e State University	's facilities for non-ESU sponsored

- events:
  - Signed permit by permittee and notary public
  - Certificate of liability insurance, \$1M /\$2M stating Empire State University as additionally insured
  - Certificate of workers' compensation insurance and disability, if applicable, a waiver of workers' compensation: a form can be filed out and printed <u>here</u> to be exempt from disability coverage
  - Certificate of incorporation
  - All deposits and payment

For any questions, please contact the Empire State University Facilities Office

*Email:* <u>facilitesuse@sunyempire.edu</u> *Phone*: (518) 581-2246