OFFICIAL USE ONLY
IRS Determination Letter:
Bingo License:
Raffle Permit:
Insurance Certificate Expires:
Invoice Number: FR-
Rental ID #:

FACILITY RENTAL REQUEST

1. **Location of armory (City only):** _____

2. **Official name of requesting organization (as per insurance liability form):**
_____

3. **Organization point of contact:**
Name: _____
Title: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: (_____) _____
E-mail address (if available): _____
Note: Your e-mail address will be used to correspond with you regarding your request. Once the Construction & Facilities Management Office has approved the request, you will be sent the Facility Use Agreement for signature.

If the individual listed above is not authorized to sign the Facility Use Agreement on behalf of the requesting party, please indicate the name and title of the authorized agent.

Name: _____ Title: _____

NOTE: To put an X within any of the shaded boxes below, double click before the box and then click "Checked" on Default Value.

4. **Name of individual who will be responsible for cleaning the facility after the event**:
_____
Phone number of contact person: (_____) _____

When will the facility be cleaned? ☐ Immediately after use ☐ Each day after use ☐ Next day
☐ Last day of use ☐ Other (please indicate): _____

5. **DOD (Department of Defense) entity:** ☐ Yes ☐ No

6. **Organization Status:** ☐ Profit ☐ Not for profit ☐ Government Entity
If not for profit or government entity, provide a copy of the Certificate of Exempt Status (CES #) from the Wisconsin Department of Revenue.

7. **If a non-profit organization [501(c)] as recognized by the IRS, provide the determination letter from the IRS.**

8. **Does this event include bingo?** ☐ Yes ☐ No
If yes, attach the Bingo License (DOA-11634) as required by the Department of Administration, Division of Gaming and detail the event in the explanation.

9. **Does this event include a raffle?** ☐ Yes ☐ No
If yes, attach the Raffle License (DOA-11633) as required by the Department of Administration, Division of Gaming and detail the event in the explanation.

10. **Will this event have children under the age of 6?** ☐ Yes ☐ No

11. **Will an admission/fee be charged for this event or a fee charged to participants?** ☐ Yes ☐ No

12. **Space requested**: ☐ Drill Floor ☐ Classroom ☐ Kitchen ☐ Auditorium ☐ Dailey Hall ☐ Parking Lot ☐ Other: _____

13. **Equipment requested:** ☐ None ☐ Tables ☐ Chairs ☐ Other: _____

14. **Use of the facility:** Prepare a memo on organization letterhead (if available) or on a separate sheet of paper providing a detailed explanation of events to take place. The explanation should include arrival time/set-up date(s) with start and end times; event date(s) with start and end times and tear down/clean-up date(s) with start and end times. If more than one space is requested to be used then the explanation must specify what each space is needed for. Dates on the request must fall within the dates of the policy period on the insurance certificate. Dates outside of the policy period will be removed from the request.

    Note: Requests will be considered incomplete if the explanation is not provided as stated above.

    Alcohol is prohibited on state property regardless of a license per Chapter 125.09(1), Wis. Stats. DOA Admin. Code 2.14(2)(j), prohibits bringing animals into any state-owned buildings. Our regulation does not allow firearms to be brought into and used within our armories. Our armory facilities do not meet state building codes for overnight usage by non-military personnel. Vehicles are not allowed on the drill floor. A fee may be assessed for the use of the armory.

15. A $1,000,000 Certificate of Liability Insurance policy that names the State of Wisconsin, Department of Military Affairs, _____ National Guard Armory as an "additional insured" for the entire period of the Facility Use Agreement is required. Attach the certificate of insurance, including the additional insured endorsement, or certificate of protection in lieu of an insurance policy statement to this Facility Rental Request form. **We will not authorize use of the facility without being named as an "additional insured."**

    Please check one of the boxes below to indicate the statement that applies to your organization:

    ☐ We are a private entity.
    ☐ We are a municipal corporation or other [non-state/non-federal] public entity.
    ☐ We are a state or federal governmental entity. We are providing a certificate of protection in lieu of an insurance policy statement that identifies the name and type of governmental agency and the statutory provision or provisions that provide liability protection for the agency.
    ☐ We are a quasi-governmental agency. The WI WING Civil Air Patrol (CAP) Administrator is providing the certificate of insurance. The CAP's policy period is October 1 – September 30.
    ☐ We are using the facility on official Department of Military Affairs, Wisconsin National Guard or Wisconsin Emergency Management business. List the point of contact for verification purposes. A certificate of insurance will not need to be provided. (Documentation substantiating the official use is required.)

The request is hereby approved.

_____ _____

Facility Manager signature Date

Comments (if denied please state reason(s)): _____

_____

Facility Manager: Please note the new e-mail address for sending rental requests: armoryrentals@wi.gov