



## Facility Application Request Form

Please complete this form and send it to the Public Affairs Department via [Karla.Fernandez@cityofdoral.com](mailto:Karla.Fernandez@cityofdoral.com). Your Request Form will be reviewed, and you will be contacted accordingly. You may not proceed with an invitation or advertisement of the event until your request has been approved. **For requests approved administratively, application must be received with all required documentation, a minimum of (2) weeks prior to proposed event date. For requests requiring Council approval, please allow a minimum of (2) months prior to proposed event date.**

*Note: Type Use Categories requiring Council approval also require this Form and are routed to the Requestor/sponsoring Councilmember.*

<b>Name of Requestor/Sponsor:</b> _____
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**Date:** \_\_\_\_\_

Applicant	<b>SECTION 1</b>
	Applicant Name: _____ Agency Name: _____ Office Address: _____ Contact No.: _____ E-mail: _____
	<b>SECTION 2</b>
	Meeting/Event Title: _____ Date(s): From _____ To _____ Weekend or Observed Holiday <input type="checkbox"/> No <input type="checkbox"/> Yes Time: Begins: _____ Ends: _____ Frequency: _____ One Time Request, ___Annual, ___Monthly, Other: _____
Date/Time/Location	<b>Preferred Facility Location:</b> <input type="checkbox"/> Government Center 1 <sup>st</sup> Floor Multipurpose Room <input type="checkbox"/> Government Center 1 <sup>st</sup> Floor Lobby <input type="checkbox"/> City Council Chambers <input type="checkbox"/> Government Center 3 <sup>rd</sup> Floor Training Room <input type="checkbox"/> Police Training and Community Center [check only one]
	<b>Council's Participation Requested*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*The City reserves the right to extend an invitation to any elected body or charter official.</i>
Requested	<b>SECTION 3</b>
	<b>Please refer to the Use of Facility Guidelines for Category Definition</b> [check only one]
Type of Use	<input type="checkbox"/> Government Collaboration <input type="checkbox"/> Sister Cities Program <input type="checkbox"/> Public Education Institution <input type="checkbox"/> Visiting Dignitary <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Civic Association

**SECTION 4**

Required Attachments

**The following documents are required:**

- Provide letter with full description of request, purpose, and benefit to the Doral residents and/or City staff, must use official letterhead (Exception – Visiting Dignitaries Category);
- Proposed schedule of activities, meetings, and agenda;
- Number of expected guests (including speakers/presenters) - # \_\_\_\_\_;
- Plans for security (if required);
- Proof of 501 (c) (3) Non-for-profit status (if applicable);
- Sample of advertisement (e.g. flyer/brochure/invite, etc.), include listing of all media (if applicable);
- Drawing/sketch of room/table layout;
- Proof of residency (if required);
- All applicable Insurance/Liability (Event purpose only); and
- List IT equipment being utilized by Applicant.

*(Note: Only items included in request Letter and submitted will be considered.)*

**SECTION 5**

For Logistical Purpose

**Select purpose of use:** [select only one]

- Meeting or
- Event (select event type below)
- Workshop  Reception  Symposium  Ceremony  Gala  Other:

**Select if applicable:**

- Open to City residents "Only"
- Open with no restrictions "Open to all"
- Use of facility for art or cultural purpose
- Food and drinks will be served
- Media attending/recording during use of Facility

The following exhibit to this application is fully incorporated herein as if set forth herein:

- Exhibit A – Use of Facility Guidelines
- Exhibit B – Facility Use Policies and Procedures

By signing this Application, the Applicant affirms receiving and reviewing the Facility Application Request Form, Use of Facility Guidelines, and Policies and Procedures.

This Applicant further certifies that the Applicant's policy-making body shall adhere to all stipulated requirements per the City's Policies and Procedures.

Applicant Name & Title: \_\_\_\_\_  
(Print Name/Title)

Applicant Signature: \_\_\_\_\_

**ADMINISTRATION USE ONLY**

Date

Approved  Denied by: \_\_\_\_\_  
Public Affairs Department Date

Approved as to Form & Legal Sufficiency for the \_\_\_\_\_  
Use and Reliance of the City of Doral Only: Office of the City Attorney Date

Approved  Denied by: \_\_\_\_\_  
Office of the City Manager Date

If applicable:

