



HOUSE of REPRESENTATIVES
STATE OF MICHIGAN

FACILITIES & TECHNICAL SERVICES/9 SOUTH HOB
Mackinac Room Scheduling Form

Please complete this form and submit the \$250 deposit to the following address or by credit card at the MI House of Representative's [payment website](#). Credit cards are also accepted in person.

House Financial Operations
10th Floor, House Office Building
124 N. Capitol Ave., PO Box 30014
Lansing, Michigan 48909-7514

The Mackinac Room is to be used for legislative functions only and must be sponsored by a State Representative. If the event includes outside participants and/or groups it must be bipartisan or nonpartisan in nature. Outside groups may not generate profits and/or accept donations during the event.

The cost for use of the Mackinac Room is \$500 per day (regardless of the amount of time the room is scheduled). A \$250 non-refundable deposit is required when the paperwork is submitted. *The remainder of the payment must be received at least two weeks before the scheduled event or the room may be made available for other use.* A check or money order should be made payable to the "Michigan House of Representatives." Payment can also be made by credit card in person or at the following MI House of Representative's payment website: <https://www.thepayplace.com/mi/legislature/houseofrepmisc>

PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME OF EVENT

EXPECTED ATTENDANCE (MAXIMUM CAPACITY OF THE ROOM IS 150 PERSONS)

NAME OF SPONSORING REPRESENTATIVE

DESCRIPTION OF EVENT

EVENT INFORMATION

MONTH:

DAY:

YEAR:

START TIME (please select from AM or PM)

☐ AM

☐ PM

END TIME (please select from AM or PM)

☐ AM

☐ PM

Please note: The room is available between the hours of 8:00 AM and 5:00 PM.

CONTACT PERSON

ASSOCIATION NAME

OFFICE LOCATION

TELEPHONE NUMBER

FAX NUMBER

NAME OF BACK-UP PERSON

SIGNATURE

I have read, understood, and will abide by the procedures governing the use of the Mackinac Room in the Anderson House Office Building.

I understand that the sponsor is responsible for damages incurred as a result of the event. The sponsor is responsible for any missing items that were used in conjunction with the event. The sponsor will either restore or pay to have restored the area used for the event or exhibit to the condition that existed prior to its use. Any costs incurred will be deducted from a Member's allotment account. The sponsor will indemnify and hold harmless the State of Michigan and the House of Representatives for damage or loss incurred arising out of the sponsor's use of the Anderson House Office Building or its grounds.

SPONSORING REPRESENTATIVE

DATE

NAME (Printed)

FOOD AND BEVERAGES

Please note: Either the sponsor or the caterer must have a person(s) present to serve the food and stay at the event until the food service is completed, the trash is removed and the room has been cleaned.

Will beverages and/or food be served?

☐ Yes

☐ No

If **yes**, please give details on what will be served (See the attached Food & Beverage Instructions Form that apply to caterers and sponsors supplying their own meals):

SETUP TIME (Please enter the time and then select from AM or PM)

☐ AM

☐ PM

PLEASE PROVIDE THE FOLLOWING INFORMATION:

CATERING COMPANY

CATERER ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

FAX NUMBER

Is a copy of the food license enclosed?

☐ Yes

☐ No

If you answered "No", a copy of the food license must be submitted to the Facilities Director before the day of the event.

EQUIPMENT

Please note: The rearrangement of equipment (tables, chairs, podiums, etc.) in the Mackinac Room is strictly prohibited. All rooms must be left the same way they were found.

Do you desire any equipment for your event?

☐ Yes ☐ No

If yes, indicate equipment desired from the following list:

- | | | |
|---|--|--|
| <input type="checkbox"/> LARGE PRESENTATION MONITOR | <input type="checkbox"/> HAND-HELD MICROPHONE | <input type="checkbox"/> LAPEL MICROPHONE |
| <input type="checkbox"/> PODIUM AND MICROPHONE | <input type="checkbox"/> MICS ON EITHER SIDE OF PODIUM | <input type="checkbox"/> SOUND FOR VIDEO |
| <input type="checkbox"/> EASEL(S), QTY : | <input type="checkbox"/> PAPER FOR EASELS | <input type="checkbox"/> REGISTRATION TABLE(S), QTY: |
| <input type="checkbox"/> PRESENTATION LAPTOP | | |

Food & Beverage Instructions

CATERERS & FOOD

Caterers must provide a copy of their food license as required by state law (P.A. 368 of 1978), or a statement from the Health Department that the food or beverage you plan to serve is a non-potentially hazardous food for which a license is not needed. To request a temporary food license, contact the Ingham County Health Department at (517) 887-4312.

CHECK-IN UPON ARRIVAL

Upon arriving at the Anderson House Office Building (AHOB), caterers (sponsors) must check in at the Visitor Assistance desk which is located on the 1st Floor, South Tower. Caterers should bring all items in through the North Tower elevators.

PARKING

Caterers may park in the service area north of the AHOB, off Ottawa Street, to unload and load, but must remove their vehicles from the area immediately after unloading and before setting up for the event. Caterers' staff must obtain their own parking off-site. See General Information in the AHOB Planner for parking lot availability.

CARTS

Caterers are responsible for providing their own carts for transporting items from their vehicles to the building and event site. The 1st floor entrance is equipped with an automatic door, which is activated by a push plate. Automatic door openers are to be used to open doors for carts. At no time are carts to be rammed into doors to force them open, or to hold them open.

SAFETY

Any equipment brought into the AHOB must be installed and operated in a safe manner. **AT NO TIME WILL AN OPEN FLAME BE TRANSPORTED THROUGH THE FACILITY.**

SURFACES, LINENS, TABLE SERVICE

Caterers are responsible for providing their own serving tables, linen cloths, serving dishes, table service, flatware, etc., and its removal immediately following the event. All surfaces being used for the event, including dining tables (six foot round), display tables, and credenzas must be covered with linen tablecloths. Caterers may not set, lean, or place any trays, serving stands, boxes, carts, etc. against or touching any walls or wood surfaces. Caterers must place drip trays under drink containers either on the table or carpet to protect the surface.

Any beverage or food spill accidents are to be reported immediately to Facility Operations at (517) 373-9000

TABLES & CHAIRS

Any rearranging of tables and chairs in the AHOB is strictly prohibited.

TRASH REMOVAL & CLEANING

It is the responsibility of the caterer and the caterers' staff to thoroughly clean any area used immediately following the event. NO EXCEPTIONS. This includes, but is not limited to, the following:

- All napkins, trash, food particles, cans, bottles, etc. must be removed and properly disposed of from the tables, counter-tops, floors and carpeted areas.
- All trash must be bagged and left in the kitchen/pantry area.
- All equipment and/or any other items brought into the event site must be removed.
- All tables, countertops and any other surfaces must be wiped down with clear water and dried thoroughly.

The caterers are not responsible for any carpet vacuuming or floor mopping.

All rooms must be left the same way they were found.

It is the discretion of the Facilities Director to determine whether these tasks have been properly completed. The sponsor of the event will be charged all costs required to repair surfaces and equipment damaged by the caterers or their staff. If additional cleaning is deemed necessary, it will be charged to the sponsor of the event at an hourly overtime rate. Abuse of the previously mentioned policies will result in the suspension of future facility use.

PLEASE PROVIDE THE FOLLOWING INFORMATION

CATERING COMPANY

OWNER

MONTH

DAY

YEAR

I have read and agree to all aforementioned materials.

SIGNATURE OF OWNER OR STAFF

Please complete, print, sign, and return this form to:

House Business Office
10th Floor, South Tower, House Office Building
124 N. Capitol Ave., PO Box 30014
Lansing, MI 48933-7514

*For questions or concerns, please contact **Facility Operations, (517) 373-9000.***

PLEASE DO NOT WRITE BELOW THIS LINE.

Facilities Personnel Section

HOUSE FACILITY STAFF SIGNATURE