

APPLICATION FOR USE OF HARDIN COUNTY COURTHOUSE GROUNDS

After you have completed this form, please return it to the Hardin County Auditor's Office by fax at 641-939-8245 or to Kelly Collins at kcollins@hardincountyia.gov.

Date(s) of use: _____

Time of use (start and end times): _____

Group requesting use: _____

Name of person responsible: _____

Address: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Name of event: _____

Type of event: _____

Specific areas of Courthouse grounds you request to use: _____

Is the event open to the general public? Yes No

Number of participants expected: _____

What equipment will be used on the Courthouse grounds? (Ex: chairs, tables, electrical equipment, etc.)

When will equipment be set up? _____

If held outside, will food be served for a fee? Yes No

If yes, has the appropriate Health Department permit been obtained? Yes No

Has this group used Courthouse grounds for other events? Yes No

If yes, please list functions and dates: _____

A liability insurance policy naming the County as an "additional insured" is required in the amount of \$ _____ at the time of the event. Does this group have liability insurance to cover this event? Yes No

I have read the *Policy for Use of Courthouse Grounds*. I understand that Courthouse grounds will be left in a clean and neat condition after use. I am liable for all damages, expenses, and loss caused by any person who attends or participates in this scheduled event. By signing this application, I agree to defend and hold harmless the County regarding any damage which may occur as a result of this scheduled function.

Signature of Responsible Person

Date

FOR COUNTY USE ONLY

Date Received: _____

Date Certificate of Insurance Received: _____

Approved by the Board of Supervisors on _____

Date