

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 Angela Silvey at asilvey@hardincountyia.gov.

Date(s) of use: Sept. 7th → Sept. 14th

Time of use (start and end times): morning of Sept 7th → Sept 14th

Group requesting use: Eldora Public Library

Name of person responsible: Joan Grothoff

Address: 1202 10th St.

Telephone #: 641-939-5173 Fax #: _____

E-mail address: j.grothoff@eldora.lib-ia.us

Name of event: Sept 11th → Story walk

Type of event: 9/11 Remembrance Story walk

FILED

AUG 18 2021

HARDIN COUNTY AUDITOR

Specific areas of Courthouse grounds you request to use: north → west lawn

Is the event open to the general public? Yes No

Number of participants expected: open to public to look at their convenience

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

we will place story walk signs on edge of sidewalk

When will equipment be set up? Am of Sept 7th

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: Story walk NOV 2020

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.

Joan Grothoff
Signature of Responsible Person

8-13-21
Date

FOR COUNTY USE ONLY

Date Received: 8/18/2021

Date Certificate of Insurance Received: _____

Approved by the Board of Supervisors on _____

Date