

~~010/21/2021~~

# 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](mailto:asilvey@hardincountyia.gov).

Date(s) of use: NOV 23 → NOV 30, 2021

Time of use (start and end times): 800 am

**FILED**

Group requesting use: Eldora Public Library

**OCT 21 2021**

Name of person responsible: Joan Grothoff

Address: 1202 10<sup>th</sup> St.

**HARDIN COUNTY AUDITOR**

Telephone #: 641-939-2173

Fax #:

E-mail address: jgrothoff@eldora.lib.ia.us

Name of event: Story walk

Type of event: Story walk in conjunction with Eldora Christmas Festival

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: general public

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

Signs on edge of lawn

When will equipment be set up? NOV 23<sup>rd</sup>

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 walks NOV 20, Sept 21

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

10-19-21  
Date

## FOR COUNTY USE ONLY

Date Received: 10/21/2021

Date Certificate of Insurance Received: \_\_\_\_\_

Approved by the Board of Supervisors on \_\_\_\_\_

Date