

**FACILITY USE PERMIT APPLICATION FORM  
FOR NONPROFIT ORGANIZATIONS**

**Iowa County**

**County Administration**

**222 North Iowa Street, Dodgeville, WI 53533-1675**

**Phone: (608) 935-0399/ FAX: (608) 935-0325**

**RESERVATIONS WILL BE ACCEPTED FROM ONE WEEK TO 6 MONTHS IN ADVANCE**

<b>Name of Applicant/Organization</b>		<b>Date</b>
<b>Street Address</b>		<b>City, State, Zip Code</b>
<b>Contact Person</b>		<b>Phone Number</b>
<b>Subject/Purpose of Meeting</b>		<b>E-mail Address</b>
<b>Date(s) of the Meeting</b>	<b>Start Time/End Time</b>	<b>Expected # of Participants</b>

**ROOM REQUESTED:**

<input type="checkbox"/>	Community Room, 1 <sup>st</sup> Floor (Maximum seating capacity 150)*	<input type="checkbox"/>	Courthouse Upper Conference room
<input type="checkbox"/>	1001, 1004, 2001, (Maximum seating capacity 16)*	<input type="checkbox"/>	Other, _____

**Priority for Use of County indoor facilities will be as follows:**

1. First Priority for use is County Activities including 4-H youth. development
2. Second Priority: County and Government related Not-For-Profit Groups (Township, Villages, Cities, State, Federal, Regional, Local Taxing Bodies, etc.).
3. Third Priority: Youth Groups and their leadership (not limited to Iowa County) other than 4-H programs.
4. Fourth Priority: Community Groups (Chamber of Commerce, Lions Club, Kiwanis, Churches, Jaycees, etc.).

\*A Custodial Time Charge, Damage Repair Charge and Winter Surcharge (for weekend dates of snow events) may be assessed if required.

\*\*Please note that users of the facility may be bumped by a higher priority group. All efforts will be made to find an alternative meeting place for those bumped.

Custodian charges may be waived by the Administrator if unusual circumstances merit.

**Building Access** – Events must be conducted in approved areas only. The user shall obtain any licenses or permits required by law. Basic authorization may be granted for events which are scheduled to begin and end between 8:00 a.m. and 4:30 p.m. Monday – Friday. Keeping doors unlocked beyond these hours requires the issuance of a temporary key to the building and a **\$25 fee** will be charged for any lost keys fobs/cards. Should a key be needed for the building, the key must be picked up during business hours unless prior arrangements are made with the staff member. Use is limited to events being in full conformance to these guidelines.

\*IOWA COUNTY GOVERNMENT RESERVES THE RIGHT TO REVOKE PERMISSION FOR USE OF ITS FACILITIES OR TO RESCHEDULE ACTIVITIES WITHIN THE GOVERNMENT CENTER WHEN NECESSARY. THE BOARD OF SUPERVISORS HAS PRIORITY OVER THE COMMUNITY ROOM AND ALL CONFERENCE ROOMS ALL TIMES AND THIS MAY REQUIRE RESCHEDULING OF ANY MEETING ON SHORT NOTICE. **PLEASE NOTE THAT ALL MEETINGS MUST END NO LATER THAN 10:30 PM AT WHICH TIME THE SECURITY SYSTEM WILL CLEAR THE BUILDING.**

\*\* Use of the County's audio/visual equipment in the Community Room must be arranged in advance. Also the County does not provide reconfiguration of tables, additional tables, food preparation facilities or refrigeration equipment.

**\*\*NOTE: Any group using County facilities or grounds shall:**

- 1) be required to release the County from any liability) for damages caused to the user or its property during the time of use,
- 2) hold the County harmless from any liability to third parties for injury caused by the group or any persons or groups to attend the event,
- 3) be liable to the County for any damages to County property or injuries to County employees or agents caused by the group or by any person attending the group's events, whether or not the damage is the result of negligence, intentional acts or accident.

**Denial of Usage** – The County reserves the right to deny applications for use if the user has previously violated the rules set forth in this policy or if the use would pose health or safety risks.

I accept liability and hereby agree to indemnify and hold harmless Iowa County, Wisconsin, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury, and/or property damage in connection with the use of the facility. I accept responsibility for control of the area until the meeting is finished. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. I have read and agree to comply with the "Iowa County Facility Use Policy." The undersigned hereby certifies that he/she is authorized to execute this document on behalf of the organization requesting the use of the facility.

\_\_\_\_\_  
Applicant Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reservation confirmed via e-mail. You may also confirm or cancel reservations by calling 608-935-0399 during normal business hours.**

**This form will be kept on file at the County Clerk's Office and must be renewed March First of each year or when the contact person changes.**

\_\_\_\_\_  
**This section to be completed by County Staff:**

**Reservation approved by** \_\_\_\_\_ **dated** \_\_\_\_\_

**Temporary Key issued by** \_\_\_\_\_ **to** \_\_\_\_\_

**Key return date** \_\_\_\_\_

**Fees assessed** \_\_\_\_\_