

**Clinton County, Clinton, Iowa**

**APPLICATION FOR USE OF COUNTY MEETING ROOMS AND COURTHOUSE GROUNDS**

A separate application must be completed for each day a meeting room is requested.

Application Date: \_\_\_\_\_

Full Name of Organization: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Date Being Requested: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Time of Activity/Event: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Please specify below which meeting room you wish to reserve. (Occupancy limit noted)

- |   |  |
|---|--|
| <input type="checkbox"/> Clinton County Administration Building | <input type="checkbox"/> Clinton County Courthouse                 |
| <input type="checkbox"/> Conference Room B (75)                 | <input type="checkbox"/> Third Floor South Courtroom (80)          |
| <input type="checkbox"/> Conference Room C (22)                 | <input type="checkbox"/> Rotunda/First Floor East (14)             |
| <input type="checkbox"/> Conference Room D (37)                 | <input type="checkbox"/> Clinton County Courthouse Grounds         |
| <input type="checkbox"/> Conference Room E (29)                 | <input type="checkbox"/> Clinton County Satellite Offices (DeWitt) |
| <input type="checkbox"/> Cafeteria (85)                         | <input type="checkbox"/> Large Conference Room (60)                |
|   | <input type="checkbox"/> Small Conference Room (12)                |

Usage Fee: \_\_\_\_\_  
(If Applicable)

**No Fee Usage:** Any civic, school or government organization offering an activity of educational, cultural or community interest during regular business hours of 8 a.m. to 4:30 p.m., Monday thru Friday. No admittance fee is allowed and no selling or soliciting is permitted. Government and political party sponsored events (i.e. party caucus) will be exempt from the usage fee.

**Fee Usage: \$100.00** – Any civic or school organization holding an activity that is closed to the general public where an admission fee is charged or selling or soliciting takes place. Additional after hours Usage Fee: **\$50.00** – Fee for any meeting or activities held after normal business hours between the hours of 4:30 p.m. to 9 p.m. Additionally, a deposit of \$50.00 is required to be refunded if room/area is left in satisfactory condition.

**Special Usage:** Additional fees may be charged for coverage of additional costs incurred by the county as determined by the Building and Maintenance Manager.

Name of Contact/Legal Representative: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State) (Zip) ( ) \_\_\_\_\_  
(Phone #)

E-mail Address: \_\_\_\_\_

Special Request:  Food and/or Beverages  Special Room Set-Up  Other

Describe special requests below: i.e. configuration of chairs and/or tables, requests, etc.

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**Completed applications and all required usage fees must be submitted two weeks in advance (government and political party sponsored events will be exempt from this time frame) of the requested date to:**

Board Secretary  
Clinton County Board of Supervisors  
Clinton County Administration Building  
P.O. Box 2957  
Clinton, Iowa 52733-2957

Section below to be completed by the Board of Supervisors Secretary

Application:  Approved Date: \_\_\_\_\_  Denied Date: \_\_\_\_\_

Usage Fees:  Received  Not Applicable  Refund of Fees  Deposit  
 Special Usage Fee

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for fee-base usage of the meeting room.

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for after hours fee usage of meeting room.

Approval/Denial Notification Sent to Requestor:  Yes  No

Date Sent to Requestor: \_\_\_\_\_

Notification Sent to Building Maintenance Manager:  Yes  No

Date Sent to Building Maintenance Manager: \_\_\_\_\_

Notification Sent to I.T. Department:  Yes  No

Date Sent to I.T. Department: \_\_\_\_\_

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Board Secretary  
Clinton County Board of Supervisors

## HOLD HARMLESS CLAUSE

**HOLD HARMLESS CLAUSE:** \_\_\_\_\_ (applicant), successors and assigns, "agrees" to save and hold harmless Clinton County, any of its departments, agents or employees, all of whom while working within their respective authority, from all cost, and damage incurred by the applicant(s) caused by an activity, condition or event arising out of the performance, preparation for performance or nonperformance of any provision of this agreement by Clinton County, its departments, agents or employees.

I acknowledge that I have read and received the County's policy governing the usage of the County's meeting rooms and agree that \_\_\_\_\_ (organization name) will abide by the policy.

I affirm that \_\_\_\_\_ (organization name) is one of the following: non-profit and/or civic organization, for-profit organization, school, governmental organization and/or that I am a representative of a government official.

I understand that the requested meeting room is not booked until my application is approved and confirmed by the Clinton County Board of Supervisors Receptionist and that I will be notify within one week of submitting a complete application and any required fees.

I also understand that failure to follow the provisions of this policy may result in the suspension of the privilege of using the meeting space.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact/Legal Representative