

## Grant County Property Use Application Form

Please complete all sections of this form to request the use of any Grant County property or building use, or to place signage. Submission of this form does not guarantee approval. Requests must be submitted at least one week (7 calendar days) before the event date.

### 1. Applicant Information

Organization/Individual Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### 2. Event or Signage Request Information

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

#### Location Requested:

(Please indicate which Grant County Property you are requesting to use)

\_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Event Description (briefly describe the purpose and activities planned for the event):

\_\_\_\_\_

\_\_\_\_\_

### 3. Signage Details (if applicable)

Purpose of Signage: \_\_\_\_\_

Proposed Dates for Display: From \_\_\_\_\_ to \_\_\_\_\_

Signage Dimensions and Description:

Installation and Removal Plan:

\_\_\_\_\_

\_\_\_\_\_

#### 4. Insurance Requirement

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage Amount (must be at least \$1,000,000 per occurrence): \_\_\_\_\_

##### **Additional Insured:**

☐ Yes

☐ No (Provide this information at least 5 days before the event date)

Attach proof of insurance (Certificate of Liability Insurance) with this application.

#### 5. Power and Utility Requirements

☐ Yes ☐ No (specify the type of power if applicable): \_\_\_\_\_

Additional fees may apply for electrical access.

#### 6. Set-Up and Clean-Up Plans

Set-Up Date/Time: \_\_\_\_\_

Clean-Up Completion Date/Time: \_\_\_\_\_

Describe your set-up, clean-up, and equipment removal plan:

#### 7. Additional Requirements

Will your event include any of the following?

- **Additional Security:** ☐ Yes ☐ No
- **Amplified Sound:** ☐ Yes ☐ No (Must comply with local noise ordinances)

#### 8. Acknowledgment and Agreement

By signing below, I confirm that I have read and agree to abide by the Grant County Property and Building Use Policy. I understand that non-compliance may result in event cancellation or future use denial.

Signature of Applicant: \_\_\_\_\_

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

## 9. Submission

Submit this form with proof of insurance and any supporting documentation to:

Grant County, County Clerk  
111 S. Jefferson St.  
P.O. Box 529  
Lancaster, WI 53813

Email: [countyclerk@co.grant.wi.gov](mailto:countyclerk@co.grant.wi.gov)  
Phone: 608-723-2675

### Office Use Only

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

Approved / Denied: \_\_\_\_\_

Approval/Denial Notification Sent on: \_\_\_\_\_

Additional Notes: \_\_\_\_\_