



COUNTY OF DOOR
SOIL & WATER CONSERVATION DEPT
 COUNTY GOVERNMENT CENTER
 421 NEBRASKA STREET
 STURGEON BAY, WI 54235

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 swcd@co.door.wi.us

LICENSE AGREEMENT NO-TILL DRILL

The Door County Soil & Water Conservation Department ("Licensor") owns a no-till drill. _____ ("Licensee") desires to make use of the no-till drill. Therefore, it is agreed by and between the Licensor and Licensee as follows:

1. Licensee accepts the no-till drill in "as is" condition. Licensor does not warrant or represent that the no-till drill is fit for any particular purpose.
2. Licensee acknowledges, prior to taking possession of the no-till drill, having examined the same and that it is in good condition except for any damage or defect noted by Licensee.
3. Licensee is responsible for, and assumes all risks in, transportation, use, maintenance and care of the no-till drill.
4. Licensee will take possession of the no-till drill no later than 4:00 p.m. on _____; and return the no-till drill to Licensor no later than 4:00 p.m. on _____. Licensor has the right to enter Licensee's property to repossess the no-till drill if it is not timely returned, and Licensee has no recourse for such entry and retaking.
5. Licensee shall return the no-till drill to the County at the termination of this Agreement in the condition as existed prior to the Licensee taking possession of the no-till drill, normal wear and tear excepted.
6. The Licensee shall pay to the Licensor, in advance, the sum of \$_____ for the use of the no-till drill.
7. The Licensee acknowledges receipt of, and agrees to strictly abide by, the "Door County SWCD No-Till Drill Policy".
8. Licensee shall indemnify and hold harmless the Licensor and Door County (including its elected officials, appointed officials and employees) from and against any and all loss, damage, claim, liability or expense by reason of any damage or injury to property or person which may arise out of, result from, or be in any manner connected with Licensee's possession or use of the no-till drill.

Accepted and Agreed this ___ day _____, 202__.

Print Name: _____, Duly Authorized Signatory for Licensee

Phone Number: _____

Address: _____