

APPLICATION SPECIAL EVENT PERMIT

APPLICATION TYPE

Original

Revised

Supplemental

Please fill out completely. Write legibly or type.

1. Event Name: _____

2. Event Date(s): _____

3. Name of Organization: _____

Address: _____

City/State/Zip: _____

4. First Contact Name: _____

Work Phone: _____ Home Phone: _____ Fax: _____

5. Organization Type: *Non-Profit____ Government____ Corp____

*If Non-Profit include copy of 501(c) (3)

Other ____ (explain) _____

6. Purpose of event: _____

7. Give a brief description of the event: _____

8. In this a first time event? ____ If no, how old? ____

Please list any variation from previous year: _____

9. Event Location: Park_____ Street_____ Private Address_____

10. Name of Park and/or Street(s) and Private Address: _____

11. Event Type: (check all that apply)

Carnival_____ Concert_____ Fireworks_____ Run/Walk_____ Festival_____

Sporting Event_____ Other_____ (explain) _____

12. Event Operation Schedule (specify day, date and time):

Indicate S for set up, E for event day, T for tear down. If you need more room, list on
Separate sheet of paper.

13. Estimated attendance per day: _____

14. Estimated park attendance at any given time: _____

15. Is this a charity or fundraiser event: Yes_____ No_____

If so, please list name of organization, contact name phone number and address for each
organization:

Organization Contact Name Phone Number Address

16. Will this event be open to the public? _____ Or invitation only? _____

17. Will you charge admission? Yes _____ No _____

18. Will you be taking donations? Yes _____ No _____

19. List all streets you propose to close:

20. Will food be served? Yes _____ No _____

21. Describe your plans for Emergency Medical Services

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? Yes _____ No _____

If yes, please list: _____

Medical Services Provider _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____

Pager/Cellular _____

Please describe your medical plan including your communications plan, the number, certification levels (MD,RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary:

22. Will there be booth vendors at your event? Yes _____ No _____

Total number of booth vendors anticipated? _____

23. Will alcoholic beverages be available at your event? Yes _____ No _____

a) What type of alcoholic beverages will be available:

Beer _____ Wine _____ (Distilled Spirits) _____

b) Note what days, dates and time alcoholic beverages will be available:

24. Will there be any live entertainment or music at your event? Yes _____ No _____

If so, please answer all of the following:

a) Will stages be built? Yes _____ No _____

If yes, how many? _____

b) Will recording equipment, sound amplification equipment or other attention getting devices be used? Yes _____ No _____

If yes, please describe: _____

25. Will additional electrical wiring be utilized for your event? Yes _____ No _____

26. Will you be using generators? Yes _____ No _____ and/or utility power _____

27. Will tents be erected for your event? Yes_____ No_____ If yes, how many_____

28. Will you require access to water? Yes_____ No_____

29. Have you hired a licensed professional security company to develop and manage your event’s security plan? If yes, you are required to provide a copy of the security company’s valid licensed Security Contractor License issued by the State of Illinois.

Security Organization _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____

Pager/Cellular _____

Security Contractor License # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application _____

30. Sanitation

Number of Trash Cans _____

Number of Dumpsters _____

Sanitation Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____

Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

31. Portable Rest Rooms

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event.

Do you plan to provide portable rest room facilities at your event? _____ Yes _____ No

If yes: Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no: Please explain _____

Rest Room Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____

Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

** This application will not be processed unless a site map is included. Indicate location of tents, stages, portable rest rooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also, indicate where streets will be blocked and how (fencing, barricades, stages, tents, etc.)

All information in the application and the enclosed site map is accurate to the best of my knowledge. I understand that if any changes are made to the site layout, I must submit a revised application and site map to City Hall.

SIGNATURE

DATE

Return the completed application to City Hall at 209 Lincoln Street, Marseilles, Illinois 61341.

Permit # _____

*****OFFICIAL USE ONLY*****

Date Returned _____

DISTRIBUTIONS

Police Department Date Distributed _____
Date Returned _____

Fire Department Date Distributed _____
Date Returned _____

Ambulance Date Distributed _____
Date Returned _____

Street Department Date Distributed _____
Date Returned _____

Approved Denied Date _____

FEE

\$100 Non alcoholic \$200 Alcoholic Waived

Mayor James Trager

APPROVALS

FIRE DEPARTMENT

AMBULANCE

POLICE

STREET DEPARTMENT

*** A site diagram must be provided depicting the street closures, location of the barricades, location of the activities, and location of a fire lane.

Approved by: _____ **Date** _____

*****Please sign and return to the City Clerk*****

