

City of Marseilles
209 Lincoln Street
Marseilles, IL. 61341
(815) 795-2133

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: _____

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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:

<u>Organization</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Address</u>
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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:

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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 _____

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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 _____

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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 _____

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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.

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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 _____

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FEE

\$100 Non alcoholic

\$200 Alcoholic

Waived

Mayor

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.

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Approved by: _____

Date _____

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