



SPECIAL EVENT PERMIT APPLICATION

SUMMARY OF EVENT

DESCRIPTION

Event Title

Description

(This should be promotional in nature and cannot exceed 300 characters)

Admission

(Information cannot exceed 300 characters)

Are there any restrictions for admission?

Event Category

☐ Athletic/Recreation

☐ Concert/Performance

☐ Circus

☐ Exhibits/Misc.

☐ Farmer/Outdoor Market

☐ Carnival

☐ Festival/Celebration

☐ Museum Special Attraction

☐ Parade/Procession/March

☐ Dance

Anticipated Attendance

Total _____

Per Day _____

Anticipated Participants

Total _____

Per Day _____

DATE/TIME

Setup

Date _____

Time _____

Day of Week _____

Event Starts

Date _____

Time _____

Day of Week _____

Event Ends

Date _____

Time _____

Day of Week _____

Dismantle

Date _____

Time _____

Day of Week _____

LOCATION

Location

Description

(Information cannot exceed 300 characters)

SUMMARY OF EVENT

(Select one or more)

- The Event is being held on my property
- ☐ The Event is being held on property I do not own
- ☐ The Event is being held on Village Property
- ☐ The Event is being held on Commercial Property

CONTACTS

Host Organization

Professional Organizer

Public Contact *(Required)*

Name: _____

Telephone: () _____

Non-Public Contact

(Required for internal use only)

Name: _____

Telephone: () _____

Media Contact

(If different than Public Contact)

Name: _____

Telephone: () _____

Vendor Contact

(If different than Public Contact)

Name: _____

Telephone: () _____

Web Address

Yes No

☐ ☐ Has this event been held in Romeoville before?

☐ ☐ Have you held this event in another community ?

If yes, please list _____

APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization _____

Contact _____

Applicant Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes No

☐ ☐ Is the Organization a commercial entity?

☐ ☐ Is the Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

☐ ☐ Are patron admission, entry or participant fees required?

If yes please provide amounts: _____

☐ ☐ Are vendor or other fees required?

If yes please provide amounts: _____

\$ _____ Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.

Please explain how this amount was computed: _____

\$ _____ Estimated expenses for this event.

SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted and include but not be limited to:

- ☐ An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- ☐ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- ☐ The location of first aid facilities and ambulances.
- ☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- ☐ A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- ☐ Generator locations and/or source of electricity.
- ☐ Placement of vehicles and/or trailers.
- ☐ Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- ☐ Identification of all event components that meet accessibility standards.
- ☐ Other related event components not listed above.

NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary

[illegible]

SECURITY PLAN

Yes No

☐ ☐ Will you be utilizing the Romeoville Police Department Special Detail for security? If you have hired an outside security company, please complete the following.

Security Organization _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

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

MEDICAL PLAN

Yes No

☐ ☐ Will you be utilizing the Romeoville Fire Department for emergency services? If you have hired a licensed professional emergency medical services provider please complete the following.

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. _____

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all Village, County, State and Federal access requirements. You may attach more detailed information if necessary.

Yes No

☐ ☐ Will there be a Clear Path of Travel throughout your event venue? Please describe _____

☐ ☐ Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe _____

☐ ☐ Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe _____

☐ ☐ Will all food, beverage and vending areas be accessible? Please describe _____

☐ ☐ |

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☐ ☐ |

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☐ ☐ |

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PARKING AND SHUTTLE PLAN

Yes No

☐ ☐ Will your event involve the use of a parking and/or shuttle plan?

If yes, please describe or provide an attachment of your plan _____

SAFETY EQUIPMENT

Yes No

- ☐ ☐ Will your event involve the use of traffic safety equipment?

If yes, please list: _____

Equipment Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

- ☐ ☐ Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages _____

Number of Performers/Bands _____

Performer/Band name and music type _____

- ☐ ☐ Will inflatables, hot air balloons or similar devices be used at your event?

If yes, please describe _____

- ☐ ☐ Do your event plans include any casino games, bingo games, drawings or lottery opportunities?
If yes, please describe _____

- ☐ ☐ Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe _____

- ☐ ☐ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe _____

ALCOHOL

Yes No

- ☐ ☐ Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

☐ Free/Host Alcohol

☐ Alcohol Sales

☐ Beer

☐ Beer and Wine

☐ Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. _____

FOOD CONCESSIONS OR PREPARATION

Yes No

- ☐ ☐ Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared _____

- ☐ ☐ Do you intend to cook food in the event area?

If yes, please specify method:

☐ Gas

☐ Electric

☐ Charcoal

☐ Other (specify) _____

CONCESSIONAIRES

Yes No

☐ ☐ Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. _____

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 nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

☐ ☐ Do you plan to provide portable rest room facilities at your event?

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 _____

ORDINANCES

Be advised that that some or all of the following may apply:

- A building permit would be required for any structures (permanent or temporary) including stages, booths, bleachers, and tents.
- Sign Permit – Any temporary signs advertising the event will require a temporary sign permit and the permission of the property owner. Such signs may NOT be located off-site.
- Copy of Certificate of Insurance
- Application for Liquor License

Per the Illinois Concealed Carry Act - 430 ILCS 66 Section 65(a)(10): "Any public gathering or special event conducted on property open to the public that requires the issuance of a permit from the unit of local government" shall be considered a prohibited area for the carrying of a concealed handgun (unless exempt by statute).



MARKETING AND PUBLIC RELATIONS

Yes No

- ☐ ☐ Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe _____

- ☐ ☐ Will there be live media coverage during the event?

If yes, please describe _____

- ☐ ☐ Will media vehicles be parked within the event venue?

If yes, please describe safety plan _____

- ☐ ☐ Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

If yes, please describe _____

INSURANCE REQUIREMENTS

Name of Insurance Agency _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Contact Name _____

Policy Type _____

Policy Amount _____

Policy Number _____

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Village of Romeoville's Municipal Code and I understand that this application is made subject to the rules and regulations established by the Village Board and/or the Village Manager or the Village Manager's designee.

Applicant agrees to comply will all other requirements of the Village and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event.

I agree to abide by all Ordinances and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the Village of Romeoville

Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Event Organizer _____

Title _____

Signature _____

Date _____