

City of Marseilles  
200 Riverfront Dr.  
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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\_\_\_\_\_

\_\_\_\_\_

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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:

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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:

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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.

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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 \_\_\_\_\_

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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

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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\*\*\*\***