



City of Sycamore

City Clerk's
Office 308 West
State Street
Sycamore, IL
60178
T#: 815.895.4515
F#: 815.899.2054

www.cityofsycamore.com

For Office Use Only

Permit Fee: \$25.00 paid

\$200 Deposit Check #: _____

Date _____

Received: _____
Permit: Issued _____ Denied _____
Reason Denied: _____

Application for Special Event Permit

Application for **NEW EVENTS** must be submitted a minimum of **14 days** before event date. Application for **ANNUAL EVENTS** must be submitted by **March 15** to reserve the date.

Incomplete application will **NOT** be accepted.

1. EVENT INFORMATION

a) Name of Event: _____

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b) Location of Event: _____

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Is the premises: Indoor Outdoor

Is the premises: Public Private

c) Date of Event: _____ Event Time(s): Start: _____ am/pm Finish: _____
_____ am/pm

d) Requested Time of Street Closure for Event Set Up _____ (**maximum of 3 hours before approved event**)

Provide items to be set
up _____

e) Street closure request? (please circle) Yes No

If yes, name street: _____

Reason for street closure: _____

f) TYPE OF EVENT:

Outdoor Liquor Public Property
 Festival/Fair Race/Walk/Bike Ride

Other Not Listed. Explain: _____

g) Estimated attendance: _____ Demographic (age) of crowd: _____

2. ORGANIZATION HOSTING EVENT

a) Organization _____

Address _____ City/State/Zip _____

Day Phone _____ Cell _____ Fax _____

3. CONTACT PERSON /APPLICANT - PERSON RESPONSIBLE FOR THIS EVENT

a) Name _____

Address _____ City/State/Zip _____

Day Phone _____ Cell _____

Fax _____

E-Mail _____ Relationship to organization: _____

4. CONTACT INFORMATION OF ALL EVENT PLANNERS RESPONSIBLE FOR THIS EVENT

Name	Address	Phone/Cell #	E-mail

5. FOR AN EVENT THAT WILL INVOLVE LIQUOR AND/OR ENTERTAINMENT

<u>Hours of Liquor Sales and/or Entertainment</u>		Notes:
*Entertainment	To	
*Liquor Sales	To	
* Entertainment and Liquor sales must cease by 11:00pm.		

a) Name of business providing alcohol: _____
b) ** City Liquor License No.: _____
d) Alcoholic liquor at the event will be: Served Sold Served and sold
e) Number of servers and number of BASSET/TIPS trained staff that will be present at the event: _____

** It is the liquor license holder's responsibility to comply with any State requirements.

6. ATTACH THE FOLLOWING TO THIS APPLICATION

- a. **Permit Fee** for \$25.00 and a separate **Deposit Check** for \$200.00 made payable to the City of Sycamore.
- b. **Copy of Proof of Insurance** naming the "City of Sycamore" as **an additional insured** including name and date of the event in the amount of \$1,000,000.00 in general liability, and if alcoholic liquor will be served/sold, liquor liability in the amount of \$1,000,000.00.
- c. **Letters of permission/notification** from any property owner(s) affected that may necessitate a street closure or the acquisition of temporary easements, use of leased land or as otherwise required.
- d. **Building permit applications** if building permits are required, applications signed by licensed contractors required in accordance with the City of Sycamore's Code provisions. Provide a detail of any temporary or permanent changes, additions, and/or deletions to any structural, electrical, mechanical or plumbing systems necessary to conduct the special event.
- e. **Detailed site plan showing:** (Aerial Computer Generated Map Preferred)
 - 1. Location where the event will be held including any existing or proposed accessory structures (stage, beer station, etc.)
 - 2. Temporary fencing.
 - 3. Adequate number of egress points at least 36" wide - plus, locations where temporary alteration of fence/barricades occurs.
 - 4. Minimum of 16' fire lane. (Any obstacles (chairs or tables) allowed in fire lane must be easily removed in an emergency.)
 - 5. Location of refuse and portable restroom facilities.
 - 6. Location of portable fire extinguishers and first aid, if required.
 - 7. Electrical supply sources, if applicable.
 - 8. Parking arrangements if necessary: on-site and off-site

7. POLICE SERVICE CONTRACT REQUIRED FOR EVENTS ON CITY PROPERTY

1. Contact Deputy Chief Jeff Wig at jwig@sycamorepd.com or 815-895-3435.

8. ORIGINAL SIGNATURES REQUIRED - FACSIMILES OR COPIES WILL NOT BE ACCEPTED

I, the undersigned/applicant hereby state that the information contained in this application is true and correct to the best of her/his knowledge.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____