

15440 CENTRAL AVENUE
OAK FOREST IL 60452-2104



708-687-4050
www.oak-forest.org

ALL GOOD THINGS CLOSE TO HOME

SPECIAL EVENT PERMIT APPLICATION

Name of Event: _____

Date: From _____ Through: _____ Hours: From: _____ AM PM To: _____ AM PM

Location of Event: _____

Sponsoring Organization: _____

Contact Person: _____

Phone Numbers Day: _____ Evening: _____

Please note that a Certificate of Insurance listing the City of Oak Forest as an additional insured will be required for all events. Minimum coverage is \$1,000,000/\$2,000,000.

- | | |
|---|---|
| <input type="checkbox"/> Sporting Event/Run/Walkathon | <input type="checkbox"/> Sidewalk Sales/Craft or Art Fair |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Carnival | <input type="checkbox"/> Other _____ |

General Description and Purpose of Event:

***** A SITE PLAN OR ROUTE MAP MUST BE INCLUDED WITH THIS APPLICATION. *****

FOR CITY USE ONLY:

Received: _____ Date: _____

Routing/Initials:

- | | |
|----------------------------|---|
| ____ City Manager's Office | ____ Public Works Department |
| ____ Police Department | ____ Emergency Management Agency |
| ____ Fire Department | ____ Health Inspector |
| ____ Liquor Commissioner | ____ Building Department/Code Enforcement |
| ____ Zoning Administrator | ____ Electrical Inspector |

Does your department require event day inspection? Yes No

If Yes, by Whom?: _____ Best Time: _____

Event Coordinator Contacted by: _____ Date: _____

Please check all that will be included in your event:

- Entertainment

List all Entertainment/Performances, including date and time, and indicate which will use amplification equipment.

- Carnival

Provider Name, Address and Phone

- Liquor

Please include copy of Liquor License and dram shop insurance or contact the Liquor Commissioner at (708) 687-4050 extension 1001.

- Food Vendors

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID Number. A copy of the vendor's sanitation license must be attached. Illinois Department of Public Health guidelines for fairs and temporary food service establishments must be strictly adhered to.

- Merchandise Vendor(s)

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID Number.

Tent

List exact size and description.

Name of Company Supplying Tents: _____ Phone: _____

Please include to-scale plan diagramming where the structure will be located on the site. Tent will require inspection and notation of maximum capacity. J.U.L.I.E. must be notified at (800) 892-0123 at least two (2) working days prior to installation. A tent permit is included with this application. For more information on tent requirements, contact the Building Department at (708) 687-4050 extension 1040.

Garbage Removal

All areas must be left clean of debris. To avoid wind-blown refuse, containers with lids are recommended. Please describe the plan to remove refuse and garbage from the event site.

Name of Trash Company being used: _____ Phone: _____

Generator and/or Electric Wiring

Source of Power: _____

Water

For use of a fire hydrant, contact the Public Works Department at (708) 535-4090.

Use of Streets and Parking Lots

List proposed streets or lots requested to be closed.

Street Closure(s): _____

Parking Lot(s): _____

Projected Attendance

Will an admission fee be charged (excluding vendors)? Yes No If yes, how much? _____

Please list parties who will receive proceeds from this event.

Projected number of persons attending this event: _____

Event Operation

Please list each day individually. (If more space is needed, please use back of page.)

| | | | | |
|-------------|--------------------|---|-----------|---|
| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |
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| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Date: _____ | Hours: From: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | To: _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |

Set Up for Event

Date: _____ Hours: From: _____ AM PM To: _____ AM PM

Dismantling of Event

Date: _____ Hours: From: _____ AM PM To: _____ AM PM

Please note that restoration of the site must include, but is not limited to, dismantling tents, removing booths, filling tent holes, removing Port-O-Johns and removing dumpsters.

Traffic Control

Will crowd control fencing be required? Yes No Total Footage: _____

Will any other form of traffic control be required? Yes No

- Traffic signal assistance
- Police
- Barricades
- Special Event Signage
- Pavement markings
- Specialized equipment
- Cones

Please describe use:

Notification of Residents

Will any residents be affected by this event? Yes No If yes, how will they be notified?

Metra Notification

Will this event take place near the train station? Yes No If yes, Metra must be notified. (Contact the Special Event Coordinator at (708) 687-4050 extension 1008.)

Parking

Indicate parking areas identified to accommodate attendees (including handicapped parking).

Indicate parking area identified for employees, volunteers and other vehicles not needed on site:

Safety & Security

Please check all Emergency Departments from whom you will need assistance.

- Crowd Control
- Police Presence/Security
- Ambulance/EMT (First Aid)
- Pyrotechnics
- Money Escorts
- Night Security
- EMA

Portable Restroom Facilities

The City of Oak Forest recommends two (2) port-o-johns for every 100 people for an event lasting more than two (2) hours and one (1) handicapped stall for every 200 participants. A minimum of two (2) handwashing stations per 100 is also necessary.

Name of Company Supplying Portable Restroom Facilities: _____ Phone: _____

Signage and Publicity

Will signs or banners be used? Yes No

Requests for event signage on your own property must be submitted through the temporary sign/banner permit application. For additional regulations on temporary signs, contact the Building Department at (708) 687-4050 extension 1040.

All temporary signs must be removed the morning after the events end.

Signage on City property is limited to PUBLIC entities hosting events on public property open to and marketed to the public. Please contact our Special Event Coordinator for information at (708) 687-4050 extension 1008.

How do you plan to publicize the proposed event? Please attach a copy of publicity plan and/or brochures.

City Assistance

Please indicate which departments you will be requesting assistance from.

- Police Department
- Fire Department
- Emergency management (EMA)
- Public Works
- Billable Services
- Waiver Requested**
- Other: _____

**A Waiver of Fees must have City Council Approval. Please submit a letter requesting "Waiver of Fees" with this application to the attention of Community Development or fax to (708) 687-1179.

All of the above information is submitted as part of an application to the City of Oak Forest to hold a specific event in the City. All of the information is accurate to the best of my knowledge.

By typing names on the below lines, you confirm that they are true and correct representations of signatures and, represent applicants for this Special Event Permit.

SPONSORING ORGANIZATION PRESIDENT/CEO

DATE

EVENT COORDINATOR

DATE