

APPLICATION FOR SPECIAL EVENT PERMIT

CITY OF LOVES PARK
ROBERT J. BURDEN, CITY CLERK
100 HEART BLVD
LOVES PARK IL 61111

APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT

DATE: _____

ESTIMATED NUMBER OF ATTENDEES: _____

FEE: _____
(OVER 500 ATTENDEES \$250.00)

NAME OF APPLICANT: _____

ADDRESS: _____
Street

City State Zip

PHONE NUMBER OF APPLICANT: _____ CELL PHONE: _____

LOCAL BUSINESS ADDRESS OF APPLICANT: _____
Street

City State Zip

FULL NAME OF LOCAL OR RESPONSIBLE AGENT: _____

ADDRESS: _____
Street

City State Zip

PHONE NUMBER: _____ CELL PHONE: _____

DATE(S) OF EVENT: _____ HOURS: _____

LOCATION OF EVENT: _____

ADDRESS: _____

SITE PLAN SUBMITTED? YES _____ NO _____
SITE PLANS ARE REQUIRED FOR ALL SPECIAL EVENT PERMIT APPLICATIONS

NUMBER OF PAVED PARKING SPACES AVAILABLE FOR THE EVENT: _____

HAS THIS EVENT BEEN HELD BEFORE? YES _____ NO _____ HOW MANY YEARS? _____

IS THERE A REQUEST FOR ROAD OR LANE CLOSURE? _____

DAY OF EVENT EMERGENCY CONTACT PHONE: _____ DAY OF EVENT EMERGENCY CONTACT CELL PHONE: _____

SALES TAX NUMBER (if applicable): _____

WILL ALCOHOL BE SERVED? YES _____ NO _____

SECURITY PROVIDED BY (if necessary): _____

DESCRIBE PRIMARY ACTIVITIES OF EVENT: _____

Signature of Applicant

FOR OFFICE USE ONLY

Police Department: Approved – Denied

Comments: _____

Signature _____

Fire Department: Approved – Denied

Comments: _____

Signature _____

Community Development
Department: Approved – Denied

Comments: _____

Signature _____

Presented To Council Date _____

Date Approved _____

Permit Issued Date _____