



ROBERT J. BURDEN, CITY CLERK
100 HEART BLVD
LOVES PARK IL 61111
815-654-5034

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: _____

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? _____
IF SO, PROVIDE A SKETCH OF EVENT AREA SHOWING BOUNDARIES AND STREETS TO BE USED

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 _____