



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

**APPLICATION MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE 60 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 _____

BUSINESS ADDRESS OF APPLICANT: _____
STREET CITY STATE ZIP

NAME OF RESPONSIBLE AGENT: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ CELLPHONE: _____

DATE(S) OF EVENT: _____ HOURS: _____

LOCATION OF EVENT/ADDRESS: _____

TYPE OF EVENT (DESCRIPTION): _____

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? _____

SITE PLAN SUBMITTED (REQUIRED) _____

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

SALES TAX NUMBER (If applicable): _____ - _____

WILL ALCOHOL BE SERVED? Yes _____ No _____ WILL THERE BE AMPLIFIED MUSIC? Yes _____ No _____

SECURITY PROVIDED BY (If necessary): _____

Signature of Applicant