



# 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](http://www.cityofsycamore.com)

### For Office Use Only

Permit Fee: \$25.00     paid  
\$200 Deposit Check #: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Permit: Issued \_\_\_\_\_ Denied \_\_\_\_\_  
Reason Denied: \_\_\_\_\_  
Permit No.: \_\_\_\_\_

## Application for Special Event Permit

(Print Clearly)

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: \_\_\_\_\_

b) Location of Event: \_\_\_\_\_

Is the premises:     Indoor     Outdoor                      Is the premises:     Public     Private

c) Date of Event: \_\_\_\_\_                                      d) Time(s): Start: \_\_\_\_\_ am/pm    Finish: \_\_\_\_\_ am/pm

e) TYPE OF EVENT:  
 Outdoor Liquor                       Public Property  
 Festival/Fair                         Race/Walk/Bike Ride  
 Other Not Listed. Explain: \_\_\_\_\_

f) Estimated attendance: \_\_\_\_\_                      Demographic (age) of crowd: \_\_\_\_\_

g) Street closure request? (please circle)                      Yes    No  
If yes, name street: \_\_\_\_\_  
Reason for street closure: \_\_\_\_\_

### **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**

<p><u>Hours of Liquor Sales and/or Entertainment</u></p> <p>*Entertainment _____ To _____</p> <p>*Liquor Sales _____ To _____</p> <p>* Entertainment and Liquor sales must cease by 11:00pm.</p>	<p>Notes:</p>
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- 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 Sgt. Steve Cook at [scook@sycamorepd.com](mailto:scook@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: \_\_\_\_\_