



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

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)

Applications must be submitted a minimum of **14 days** before event date.

*Incomplete applications 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:
 Catered Event Public Property
 Outdoor Liquor Race/Walk/Bike Ride
 Festival/Fair 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: _____

h) Is this Event a Fundraiser? (please circle) Yes No Beneficiary: _____

2. ORGANIZATION HOSTING EVENT

a) Is this organization registered with the State of Illinois as a non-profit organization? (please circle) Yes No

b) 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

Hours of Liquor Sales and/or Entertainment

*Entertainment _____ to _____

*Liquor Sales _____ to _____

* Entertainment and Liquor sales must cease by 11:00pm.

Notes:

- 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, date and time 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 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 plot plan showing:**
 - 1. Lot or tract of land where the event will be held, including any existing or proposed structure (including accessory structures) thereon (Arial Computer Generated Map Preferred).
 - 2. Location of existing or proposed easements.
 - 3. Fire lanes (16 feet) and Emergency Vehicle access points.
 - 4. On-site and off-site parking arrangements.
 - 5. Electrical supply sources, if applicable.
 - 6. Location of portable fire extinguishers and first aid, if required.
 - 7. Location of refuse and portable restroom facilities
 - 8. Detailed description of available means of egress or temporary alteration of fencing, screening, or barricading—existing as well as proposed.
 - 9. Temporary liquor sales area.
- f. **Public Safety Review/Contract (Please contact Police Dept. for appt. @ 815.895.3435)**
 - 1. Not required for Catered Event.
 - 2. Police service contracts must be completed 14 days prior to event.

7. 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: _____

FOR OFFICE USE ONLY

1. Police Security Review and Signature of Current Service Contract:
(Police Department Special Events Coordinator, Sgt. Michael V. Anderson 815.895.3435)
For Catered Events Only, review not required.

Police Department Designee: _____ Date: _____

Approved Denied Reason for Denial _____

2. Fire Department Review:
(Fire Department 815.895.4514)

Fire Department Designee: _____ Date: _____

Approved Denied Reason for Denial _____

3. Building and Zoning Department Review:
(Building and Zoning Department 815.895.4434)

Department Designee: _____ Date: _____

Approved Denied Reason for Denial _____

4. Public Works Department Review:
(Public Works Department 815.895.3545)

Department Designee: _____ Date: _____

Approved Denied Reason for Denial _____