



## CITY OF COUNTRYSIDE

### All Purpose Special Event License Application

803 Joliet Road  
Countryside, IL 60525  
(708) 354-7270  
Fax (708) 354-9445  
www.countryside-il.org

**THIS FORM MUST BE COMPLETED & SUBMITTED 20 BUSINESS DAYS PRIOR TO THE EVENT  
IF IT IS NOT TURNED IN WITHIN THIS TIMEFRAME YOUR EVENT WILL BE DENIED.**

#### ORGANIZATION INFORMATION

Name of Group/Business Hosting Event: \_\_\_\_\_

☐ Organization is registered with State of Illinois as a Non-Profit Organization.  
(Attach a current Certificate of Good Standing, required)

☐ Are you a 501(C)3? Attach IRS letter reflecting federal tax exempt status.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### GENERAL EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

☐ Event organizer has permission of property owner to hold this event on his/her property.  
(Letter of Authorization is attached).

Event Date: \_\_\_\_\_ Event Hours: \_\_\_\_\_

Rain Date: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Type of Event: (Check all that apply)

- |                                                      |                                                      |                                                   |
|------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Festival                    | <input type="checkbox"/> Parade                      | <input type="checkbox"/> Sidewalk Sale            |
| <input type="checkbox"/> Sporting Event/Run/Walk     | <input type="checkbox"/> Arts and Crafts Fair        | <input type="checkbox"/> Car Wash for Fundraising |
| <input type="checkbox"/> Carnival, Circus, and Rides | <input type="checkbox"/> Fundraiser/Charitable Event | <input type="checkbox"/> Grand Opening            |
| <input type="checkbox"/> Annual/Recurring Event      | <input type="checkbox"/> Customer Appreciation       | <input type="checkbox"/> Anniversary Celebration  |

☐ Other, please describe: \_\_\_\_\_

General Description/Purpose of Event: \_\_\_\_\_

## INSURANCE

A **Certificate of Insurance** listing the City of Countryside as certificate holder will be required for all events. **Minimum coverage is \$1 million.**

## SECURITY

- ☐ **Safety/Security** – If over two hundred (200) people are attending, a **security contract** must be provided. There must be one (1) security person for every two hundred (200) people in attendance. If the event is serving or providing alcoholic beverages then there shall be one (1) security person for every one hundred (100) people in attendance. Attach security contract to this application. City Code 3-3-1(E)

**Parking Plan for attendees including handicap parking:** \_\_\_\_\_

**Parking Plan for employees, volunteers, and other vehicles:** \_\_\_\_\_

## FOOD

List the name, address, phone number and email address for all food vendors. For all vendors outside the City, **a copy of their latest health inspection and sanitation certificate is required. A health inspection will be required prior to the start of the event.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

## LIQUOR SALES OR COMPLIMENTARY DISTRIBUTION

Contact the City Clerk at (708) 354-7270 for requirements and approval. Class C liquor license required.

## ENTERTAINMENT

List the names and phone numbers of all performers along with the times/dates of their performances during the event. **Please note that all entertainment must be respectful of the noise Ordinance Section 10-2-16 and all amplified outdoor music/entertainment must end promptly at 10:00 pm.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

## SIGNAGE & STRUCTURES

Tents over 10' X 10' and temporary structures require an inspection. Set-up must be complete by noon on Friday for a weekend event.

Include an application which can be found at [www.countryside-il.org/forms-permits/](http://www.countryside-il.org/forms-permits/), under Community Development – Application

Sign – Daily and Special Event and/or Application – Temporary Tent or Structure.

If you have any questions call the Community Development/Building Department at (708) 354-1860.

Please check all that apply:

- ☐ None
- ☐ Sign/Banner (Note: The City does not allow event signage in the right-of-way)
- ☐ Tent
- ☐ Stage
- ☐ Platform
- ☐ Inflatable (bouncy house)
- ☐ Other Structure
- ☐ Using Electric

## EVENT OPERATION

Set-up Event      Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Dismantling Event:      Date: \_\_\_\_\_ Hours: \_\_\_\_\_

## FACILITIES

- ☐ Portable Restroom Facilities

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate location of portable restrooms on the site plan/site map. The City requires at least two port-a-potties for every 100 people, one handicap stall per 200 people and two hand-washing stations per 100 people. Contact the Building Department with questions on appropriate numbers for your event.

- ☐ Tents

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## OTHER

To be considered:

- ☐ Street/Parking Lot Closures – Please indicate on site plan/route map all streets that need to be closed.
- ☐ Water – Please contact Public Works (708) 354-3390 for permission and requirements.

## SITE MAP/ROUTE MAP

Please use the space below to illustrate the layout for your event. If you need additional space, please attach a separate sheet. Remember to make a flow of parades, runs, walks, etc.

The following locations must be included:

Food Vendors (FV)  
Beverage Vendors (BV)  
Toilets (T)  
Hand-Washing Sinks (HWS)  
Retail Merchants (RM)  
First Aid (FA)  
Garbage Receptacles (G)

Number of Barricades (B)  
Fire Lane (FL)  
Fire Extinguishers (FE)  
Public Entrances/Exits (PE)  
Amplified Sound Stage/Platform (S)  
Signage/Banners (SI)  
Resident Streets Surrounding Event

## ACKNOWLEDGEMENT

I hereby certify that all the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that failure to supply adequate or correct information will be subject to the revocation of permission to hold such an event or use of City property.

I have read and fully understand the application form and all requirements and procedures necessary in obtaining a special event permit.

\_\_\_\_\_  
Sponsoring Organization President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Event Coordinator

\_\_\_\_\_  
Date

## FEES

|                                                                                      |                    |       |
|--------------------------------------------------------------------------------------|--------------------|-------|
| _____ Special Event (Liquor)                                                         |                    |       |
| <b>Class C (Other) Liquor</b>                                                        | \$200 per day      | _____ |
| _____ Temporary signs or banners ( <b>Separate application needed</b> )              | \$ 50 (each)       | _____ |
| _____ Tent and/or structure (stage) permit<br>( <b>Separate application needed</b> ) | \$ 50 (each)       | _____ |
| _____ Raffles ( <b>Separate application needed</b> )                                 | \$ 50              |       |
|                                                                                      | <b>Grand Total</b> | _____ |

**TO BE PAID AT TIME OF APPLICATION**