



CITY OF COUNTRYSIDE

All Purpose Special Event License Application

5550 East Avenue
Countryside, IL 60525
(708) 354-7270
Fax (708) 354-9445
www.countryside-il.org

THIS FORM MUST BE COMPLETED & SUBMITTED AT LEAST 20 DAYS PRIOR TO THE EVENT

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)

- [ ] Festival [ ] Parade [ ] Sidewalk Sale
[ ] Sporting Event/Run/Walk [ ] Arts and Crafts Fair [ ] Car Wash for Fundraising
[ ] Carnival, Circus, and Rides [ ] Fundraiser/Charitable Event [ ] Grand Opening
[ ] Annual/Recurring Event [ ] Customer Appreciation [ ] Anniversary Celebration

[ ] Other, please describe: \_\_\_\_\_

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

\_\_\_\_\_

**EVENT OPERATION**

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

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

**SECURITY**

**Safety/Security** – If attendance is expected over 99 people, a **security contract** must be provided. Attach to application.

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

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

**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.

**SIGNAGE**

Indicate plans for signage or banners: \_\_\_\_\_

The City does not allow event signage in the right-of-way. Event signage on private property is allowed with a proper temporary sign permit. Sign applications are available through the Building Department (708) 354-1860

## 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

Tents or temporary structures over 10' X 10' require inspections (tents must be set up by noon on Friday for weekend events). **Contact the Building Department at (708) 354-1860 for a permit.** Please indicate size and description of tent, if electric will be used inside of tent for lighting or heating, please give name of tent company and phone number below.

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

## 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: \_\_\_\_\_

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

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

## FOOD

List the name, address, phone number for all food vendors along with the Illinois Sales Tax ID Number. 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: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Tax ID: \_\_\_\_\_

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

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

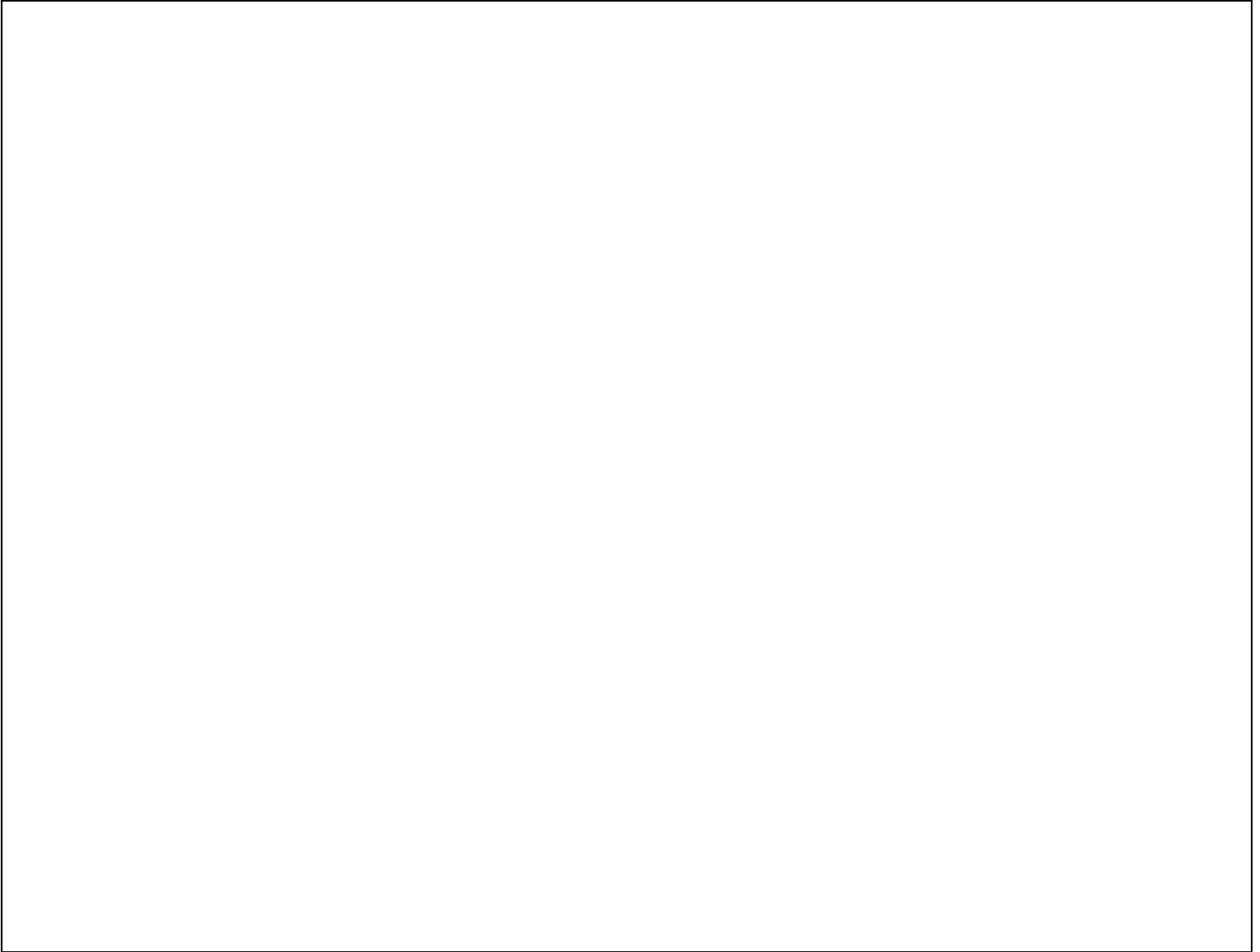
Phone: \_\_\_\_\_ Tax ID: \_\_\_\_\_

## LIQUOR SALES OR COMPLIMENTARY DISTRIBUTION

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

## 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/Exists (PE)  
South Stages/Amplified Sound (S)  
Resident Streets Surrounding 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.

## 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)

**Class C (Other) Liquor**

\$40 per day

\_\_\_\_\_

**Class CC (Non-Profit) Liquor**

\$25 per day

\_\_\_\_\_

\_\_\_\_\_ Temporary signs or banners

**\$50 charge (Business Owners – no charge)** \$ 50  
**Separate application needed**

\_\_\_\_\_

\_\_\_\_\_ Tent permit (**Separate application needed**)

\$ 50

\_\_\_\_\_

\_\_\_\_\_ Raffles (**Separate application needed**)

**Grand Total**

\_\_\_\_\_

**TO BE PAID AT TIME OF APPLICATION**