



SPECIAL EVENTS APPLICATION

Office of the City Clerk - Business Services
 150 W Jefferson St
 Joliet, IL 60432
 Office: (815) 724-3905
 Fax: (815) 724-3904
 Email: cojspecialevents@jolietcity.org
 Website: www.cityofjoliet.info

Office Use Only:
 Date Received: _____
 Date Issued: _____

Please complete the entire form and print legibly. Incomplete forms will be returned. Complete application packets must be submitted no less than 60 days prior to the event.

GENERAL DESCRIPTION

Event name: _____

Event location: _____

Event date(s): _____

Event type: Athletic/Recreation Car Show Carnival Circus
 Concert/Performance Farmer/Outdoor Market
 Festival/Celebration Grand Opening
 Parade/Procession/March Other, explain: _____

Description of event: _____

Anticipated number of participants: Per day: _____ Total: _____

Anticipated number of spectators: Per day: _____ Total: _____

Anticipated number of staff/volunteer: Per day: _____ Total: _____

Maximum number at peak time: _____

DATE/TIME

Setup: Date: _____ Time: _____ Day of week: _____

Event starts: Date: _____ Time: _____ Day of week: _____

Event ends: Date: _____ Time: _____ Day of week: _____

Dismantle: Date: _____ Time: _____ Day of week: _____

Daily event hours: _____

Is this an annual event? Yes _____ No _____ If yes, please answer following questions:

How many years have you been holding event? _____ Last year's total attendance? _____

Location of past event: _____

FEES/PROCEEDS

Will fees be charged to participants? Yes _____ No _____

If yes, list amount by category: _____

Will fees be charged to spectators? Yes _____ No _____

If yes, list amount by category: _____

Will fees be charged to exhibitors/vendors? Yes _____ No _____

If yes, list amount by category: _____

HOST ORGANIZATION AND CONTACT INFORMATION

Organization Name: _____

Web address: _____ General information phone number: _____

President/Chief of organization: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

Event Coordinator Name: _____

Mailing/billing address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

On-Site Event Coordinator Name: _____

Mailing/billing address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

THIRD PARTY ORGANIZATION AND CONTACT INFORMATION

Organization Name: _____

Web address: _____ General information phone number: _____

President/Chief of organization: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

Event Coordinator Name: _____

Mailing/billing address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

On-Site Event Coordinator Name: _____

Mailing/billing address: _____

City: _____ State: _____ Zip code: _____

Office phone number: _____ Cell phone number: _____

Fax number: _____ E-Mail address: _____

OPERATIONAL INFORMATION

Waste Disposal

Name of company providing facilities: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

Total number provided: _____ Date being installed: _____ Date being removed: _____

How often being serviced and by whom: _____

Restroom Facilities

Name of company providing facilities: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Contact name: _____ Phone number: _____
Number provided: _____ Number accessible provided: _____ Total: _____
Hand washing station: _____ Date being installed: _____ Date being removed: _____
How often being serviced: _____

Temporary Structures (tents, stages and/or seating)

Please contact the Inspection Division at (815) 724-4070 for additional information.

Name of company providing facilities: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Contact name: _____ Phone number: _____
Total number provided: _____ Date being installed: _____ Date being removed: _____
Typical size of temporary structures: _____

Food Vendors

A permit is required from either the Will County Health Department (815) 727-8480 or the Kendall County Health Department (630) 553-8026. Submit copy of paid application fee. If there is more than one food vendor, the following information must be submitted for each vendor.

Name of company providing vendors: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Contact name: _____ Phone number: _____
Total number of sales booths: _____ Illinois State Tax Number (IBT): _____
Date being installed: _____ Date being removed: _____

Temporary Alcohol Sales

Please contact the Joliet Liquor Commissioner at (815) 724-3710 for additional information.

Is liquor being sold during the event? Yes _____ No _____

Does the company providing the liquor have a current Joliet Liquor License? Yes ____ No ____

Name of company providing liquor sales: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

Total number of sales booths: _____ Hours of alcoholic sales: _____

Illinois State Tax Number (IBT): _____

POLICE OPERATIONS

Please contact the Joliet Police Department - Operations Division at (815) 724-3060 for additional information.

Traffic Control

List Streets to be closed (include cross streets): _____

What type of traffic control is proposed for the event? _____

Will you be hiring Joliet Police Officers for traffic control? Yes _____ No _____

Are you utilizing a private traffic control? Yes _____ No _____

Traffic control dates and times:

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Name of company providing traffic control: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

On-Site contact name: _____ Cell phone number: _____

Security

What type of security is proposed for the event? _____

Will you be hiring off duty Joliet Police Officers? Yes _____ No _____

Are you utilizing a private security company? Yes _____ No _____

Security dates and times:

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Date needed: _____ Time: _____ Location: _____

Name of company providing security: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

On-Site contact name: _____ Cell phone number: _____

FIRE OPERATIONS

Please contact the Joliet Fire Department at (815) 724-3500 for additional information.

First Responders/First Aid

What type of first responder/first aid is being proposed for the event? _____

Will you be hiring off duty Joliet Fire Staff? Yes _____ No _____

Are you utilizing a private first responder/first aid company? Yes _____ No _____

Will you need a Joliet fire truck with staff at the event? Yes _____ No _____

First responders/first aid dates and times:

Date needed: _____ Time: _____ Number: _____

Date needed: _____ Time: _____ Number: _____

Date needed: _____ Time: _____ Number: _____

Date needed: _____ Time: _____ Number: _____

Name of company providing first responders/first aid: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

On-Site contact name: _____ Cell phone number: _____

Fireworks/Pyrotechnic/Special Effects/Laser Permits

A valid license from the Illinois Office of the State Fire Marshal is required for the Distributor and Operators.

Distributor's company name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____

Phone number: _____ Illinois License number: _____

Operator name: _____ Operator IL License number: _____

Operator name: _____ Operator IL License number: _____

MISCELLANEOUS OTHER

BUSINESS SERVICES

Please contact the Office of the City Clerk – Business Services at (815) 724-3905 for additional information.

Filming

Will you be filming any portion of this event? Yes _____ No _____

If yes, is it for a commercial or promotional use? Yes _____ No _____

Production company name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone number: _____

On-Site contact name: _____ Cell phone number: _____

Illinois License number: _____

Public Amusement License

Local Business Information, if applicable

Business name (DBA): _____

Business address: _____

City: _____ State: _____ Zip code: _____

Business phone: _____ Fax number: _____ E-Mail: _____

Manager name: _____ Cell phone number: _____

Corporate Business Information

Corporate name: _____

Corporate address: _____

City: _____ State: _____ Zip code: _____

Business phone: _____ Fax number: _____ E-Mail: _____

Contact name: _____ Cell phone number: _____

Federal Employee Identification Number (FEIN): _____ Illinois State Tax number (IBT): _____

Exempt Not-For- Profit number: _____

Certificate of Insurance naming the City of Joliet as additional insured _____ Attached _____ To be submitted

Business Ownership Information

Provide the following information concerning how the business was created and is owned:

_____ Individual _____ Partnership _____ Limited Liability Corporation (LLC) _____ Corporation

Legal business name: _____

Name: _____ Title: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Cell phone number: _____ Ownership percentage: _____

Name: _____ Title: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Cell phone number: _____ Ownership percentage: _____

Sound Amplification

Starting and Ending time (prohibited hours 11:00 p.m. to 7:00 a.m.): _____

Type of outdoor amplification: _____ PA System _____ DJ _____ Live Band

Location of outdoor amplification on property: _____

Is the property within 300 feet of the property line of any Hospital, Church, School or Courthouse? Yes _____ No _____

If yes, name and address of institution: _____

Will the public right-of-way be used? Yes _____ No _____

Name of musical group or DJ performing: _____

Name of manager/booking agent: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Cell phone number: _____

I have read, understand, agree and will fully comply with Chapter 25½ Public Gatherings Section 25½ -9 Playing of Music and the following:

- The person listed on the application as having authority to control noise for the event must remain at this event until its completion and shall be available to accept any complaints
- The sound amplification permission is limited to the date and time specified on the application but in no event shall begin before 7:00 a.m. or continue after 11:00 p.m.
- The volume of sound shall be so controlled that it will not be unreasonably loud, raucous, jarring, disturbing or a nuisance to reasonable persons of normal sensitiveness within the area of audibility
- Upon request by a police officer, the sound level of the live music or amplified sound shall be lowered or shut off. Failure to do so may result in the issuance of a compliance ticket



**SPECIAL EVENTS
RELEASE AND HOLD HARMLESS AGREEMENT**

_____ (name of organization or company) recognizes and acknowledges that there are certain risks associated with a special event within the City of Joliet. By signing this application for a special event, _____ (name of organization or company) does hereby agree to assume the full and complete risk of any injuries, damage, or loss regardless of the type or severity, which anyone employed by or used as a volunteer by _____ (name of organization or company) may sustain as a result of the special event in the City of Joliet.

_____ (name of organization or company) does hereby fully release and discharge the City of Joliet, its officers, agents and employees from any and all claims for injury, damage, or loss sustained by any of its employees or volunteers connected in any way to this special event in the City of Joliet.

_____ (name of organization or company) further agrees to indemnify and hold harmless and defend the City of Joliet, its officers, agents and employees from any and all claims, including attorney's fees, resulting from injury, damage or loss sustained by any of its employees or volunteers, or caused by them, and arising out of, or in any way connected or associated with, this special event in the City of Joliet.

I, _____ (representative name) state that I am an authorized representative of _____ (name of organization or company) with the authority to execute this agreement. I have read and fully understand the above release and hold harmless agreement, and execute it on behalf of, and as the duly authorized representative of _____ (name of organization or company).

Signature of Representative

Printed Name

Date

Phone Number

Organization Name

Organization Street Address

City

State

Zip Code

SUBSCRIBED and SWORN to before me this
_____ day of _____, 20____

Notary Public (stamp seal adjacent)