



## Village of Antioch - Special Event Permit Application (Attendance over 500)

Organization	Name of the Event				
	Name of Organization		Type of Organization	In this a "Not For Profit" Organization <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address for Organization		City	State	Zip
	Email Address				
	Contact Person		Home Number	Business Number	Cell Phone Number
	Chairman/Presidents Name (If Different)		Home Number	Business Number	Cell Phone Number
	Is your Organization willing to reimburse the Village for costs of services rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, indicate why?				

Event	Date(s) of Event	Day(s) of the week	Time(s) of Event	Has this event been held in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No When?
	Describe the Type of Event you wish to hold		Location(s) of even	
	Are you serving food or beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contact the Health Department? If yes, please provide us with a copy of your license. If no, please contact them. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Are you planning on selling liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the Liquor License permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you provided a copy of the liquor license with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Are you planning on holding a raffle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the Raffle License permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you provided a copy of the Raffle License with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Is there going to be a carnival? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the Amusement application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you provided a copy of the carnival license with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Will you be supplying restrooms <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a site plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have onsite parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have security? <input type="checkbox"/> Yes <input type="checkbox"/> No

Police Department	Will your event require the assistance of the Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the event require the closing of any roadways? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of roads to be closed
	Type of assistance needed from the Police Department (Check all that apply) <input type="checkbox"/> Road Closure <input type="checkbox"/> Traffic Control <input type="checkbox"/> Pedestrian Control <input type="checkbox"/> Security <input type="checkbox"/> Parking Control <input type="checkbox"/> Crowd Control <input type="checkbox"/> Other If other what?		
	List any type of assistance requested from the Police Department would be		
	Has contact been made with a representative of the Police Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Police Official Contacted	Rank

Fire / Rescue Dept	Will your event require the assistance of the Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your event require the use of Fire Department Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will any equipment belonging to the Fire Department be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Type of Equipment <input type="checkbox"/> Ambulance <input type="checkbox"/> Engine <input type="checkbox"/> Other (Please Describe)		
	Describe the type of assistance requested from the Fire Department		
	Has contact been made with a representative of the Fire Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Fire Dept. Official Contacted	Rank

<b>Park &amp; Recreation Dept.</b>	Will your event require assistance of the Park & Recreation Department <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain		Will the event require the use of any Village Parks or Park Property <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain	
	Name of Park Property to be used (if applicable)		Address of Park Property to be used (if applicable)	
	Will the event require use of Park & Recreation Department Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain		Describe the type of personnel assistance required	
	Will any Park & Recreation Department equipment be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Equipment <input type="checkbox"/> Stage <input type="checkbox"/> Shelters <input type="checkbox"/> Picnic Tables <input type="checkbox"/> Tents		
	Describe any type of assistance requested from Park & Recreation Department			
Has contact been made with a representative of the Parks & Rec Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Park& Rec. Dept. Official Contacted	Title	When Contacted:	

<b>Public Works</b>	Will the event require the assistance of the Public Works Department <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain		Will the event require the use of Public Works Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No		Will the Event require the use of Public Works Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Describe the type of assistance requested from the Public Works Department					
	Type of equipment needed <input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Set up Crew <input type="checkbox"/> Clean up Crew <input type="checkbox"/> Trucks <input type="checkbox"/> Other:					
	Will the event require the use of any Public Works Property <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Certain			Location of Public works property		
	Has contact been made with a representative of the Public Works Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Public Works Official Contacted		Title	When Contacted:	

<b>Building</b>	Will the event require the assistance of the Building Department <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Will the event involve the use of electrical equipment <input type="checkbox"/> Yes <input type="checkbox"/> No		Will any electrical equipment be used outdoors <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will the event involve the modification of any structures <input type="checkbox"/> Yes <input type="checkbox"/> No		Will the event involve the building of any structures (Tents) <input type="checkbox"/> Yes <input type="checkbox"/> No		Will the event require the assistance of any Building Department Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Describe the type of assistance requested from the Public Works Department					
	Has contact been made with a representative of the Building Department <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Building Department Official Contacted		Title	When Contacted:	

<b>Other Comment</b>						
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