

## Village of Antioch - Special Event Permit Application

<b>Organization</b>	Event Name			
	Name of Organization or Person		Type of Organization	Is this a "Not For Profit" Organization <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address for Organization or Person		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?			
<b>Block Parties</b>	Is this a Block Party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the rest of the highlighted section. If No, please move onto event details section		Name of Subdivision?	
	If the fire department has time would you like to have the crew bring down one of the engines for the kids? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you contacted and received permission of the Home Owners Association (HOA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If the Police Department has time would you like to have an officer bring down one of the cars for the kids? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please continue to the event details section</b>				
<b>Event Details</b>	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?
	Expected Attendance	Location(s) of event		
	Describe the Type of Event you wish to hold. Please be as specific as possible.			
	Are you planning on road closures? <input type="checkbox"/> Yes <input type="checkbox"/> No Is so, which ones?			

**\*IF YOU HAVE HOLDING A BLOCK PARTY YOU DO NOT NEED TO FILL OUT THE SECTIONS BELOW!**

**Are you Serving Food?** ☐ Yes, fill out section 3 ☐ No, Skip to section 4

<b>Section 3</b>	It is the requirement of the event organizers to contact the Lake County Health Department for a food permit and provide a copy of it the Village of Antioch before any event permit will be issued. Due to the nature of food born illnesses some foods require health department licenses to handle please call 847-377-8000 or visit <a href="http://www.lakecounty.il.gov">www.lakecounty.il.gov</a> and go to health department.	
	Have you contact the Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please contact them	Health Department License #

**Are You Serving Liquor?** ☐ Yes, fill out section 4 ☐ No, Skip to section 5

<b>Section 4</b>	If your event includes alcohol, please submit the necessary paperwork to the State of Illinois Liquor Commission and Village of Antioch. A copy of the appropriate license(s) issued by the State of Illinois and/or the Village of Antioch and appropriate insurance certificate must be submitted to the Park Department 30 days prior to your event.	
	Have you applied for a Village of Antioch Special Event Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Event Liquor License #
	Once you have received a Special Event Liquor License from the Village of Antioch you will also need to apply for the State of Illinois Liquor License through the Illinois Liquor Commission. In order to apply for this license you must first have the special event liquor license from the Village of Antioch.	
	Have you requested your State of Illinois Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Illinois Liquor License #

**Misc Questions (must be filled out) Department Special Request Section**

<b>Section 5</b>	Are you planning on holding a raffle? <input type="checkbox"/> Yes <input type="checkbox"/> No, go down one line	Have you completed the Raffle License permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Raffle License #	
	Is there going to be a carnival? <input type="checkbox"/> Yes <input type="checkbox"/> No, go down one line	Have you completed the Amusement application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement License #	
	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

<b>Police Department</b>	Will your event require the assistance of the Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	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			
	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	When Contacted:

<b>Emergency Management</b>	Emergency Management is responsible for assisting in road closures and various other safety aspects of events			
	Will your event require the assistance of the Emergency Management? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of assistance needed from the Emergency Management (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 Emergency Management			
	Has contact been made with a representative of the Emergency Management <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Emergency Management Official Contacted	Title	When Contacted:

<b>Fire / Rescue Dept</b>	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	When Contacted:

<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)		Will the event require use of Park & Recreation Department Personnel <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain			
	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 <input type="checkbox"/> Sound System <input type="checkbox"/> Other			
	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	
	Type of equipment needed <input type="checkbox"/> Barricades <input type="checkbox"/> Cones <input type="checkbox"/> Signs <input type="checkbox"/> Setup Crew <input type="checkbox"/> Cleanup Crew <input type="checkbox"/> Trucks <input type="checkbox"/> Other: (Please Describe)					
	Describe the type of assistance requested from the Public Works Department					
	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>	The Building Department is responsible for inspecting permit and temporary structures during event. They also have an inspector who may be required to come out and inspect temporary wiring for your event. Please fill out the questions below to the best of your ability.					
	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 your event require any electrical connections not already present at the site? <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 larger then a 10x10 popup) <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:

- *If you haven't filled out this form completely your application will not be accepted*
- *You are also required to provide a site plan with every special event permit or your application will be considered incomplete.*