2012

Special Event Guide

Last Updated:

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EVENT APPLICATION CHECKLIST

Thank you for completing your Special Event Permit Application. Before you submit your application to the Special Events Coordinator, please make certain that the following steps have been completed.

Have you?

☐ Signed and dated your application?

☐ Received Alderman's signature?

☐ Attached your event site map with clearly marked street closures, barricades and course routes?

☐ Attached your event security plan?

☐ Provided a certificate of your insurance?

☐ Attached a copy of your event medical plan?

☐ Attached a copy of your event accessibility plan?

☐ Included letters of support or endorsement from impacted entities and community groups within your venue area?

☐ Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship, and other entities?

☐ Attached a copy of your IRS 501 tax exemption letter and a letter of intent from participating nonprofit, if applicable?

☐ Included your Special Event Liquor License application, Dram Shop Insurance, and payment/check, if applicable?

☐ Included your Tent and Canopy application and payment/check, if applicable?

☐ Included your Electrical permit application and payment/check, if applicable?

☐ Included your Banner (temporary sign) permit application and payment/check, if applicable?

<u>Complete only those documents required for your Special Event.</u>

Please submit your completed permit application to:
BMO Harris Bank Center
Attention: Jenny Gailey, Special Events Coordinator
300 Elm Street
Rockford, IL 61101
Or email to jgailey@thebmoharrisbankcenter.com

FEES

- ***All fees must be paid at the time of permit application and are non-refundable. However, all fees for applications submitted electronically will be invoiced to event organizer and must be paid before special event permit is issued. If you choose to cancel your event after submitting a complete application for approval, the City will invoice you for the permit application fee, as it is non-refundable.***
- ***Payment of fees does not guarantee permits will be granted.***

BLOCK PARTIES: $25.00

FARMER'S MARKETS $50.00

NON FOR PROFIT SPECIAL EVENT FEE..... $75.00

FOR PROFIT SPECIAL EVENT FEE $100.00

ADMINISTRATIVE LATE PERMIT FEE..... $200.00
(For applications submitted less than 45 days prior to event)

LIQUOR LICENSE S & SP ..... $50.00 per day

TENT/CANOPY PERMITS $66.00
(Allows for multiple tents under one permit. Permit cost is as follows; $40 processing fee + $20 permit fee * 10% tech fee).

ELECTRIC PERMIT ..... $66.00 minimum

Electric permit fees will be calculated as follows:
$40 processing fee + 1% of construction value or minimum $20, whichever is greater * 10% tech fee

CARNIVAL PERMIT $126.50
$40 processing fee + $75 permit fee * 10% tech fee

BANNER PERMIT $33.00
(Will allow multiple banners with special events. Permit cost is as follows: $30 permit fee * 10% tech fee)

ADDITIONAL FEES FOR CITY SERVICES WILL APPLY

THE CITY OF ROCKFORD ILLINOIS, USA	CITY OF ROCKFORD 2012 SPECIAL EVENTS APPLICATION

INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

1. ***Completed applications for all events must be submitted at least 45 days prior to the event date. Any late applications will incur a $200 administrative late fee or be subject to rejection.***
2. Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information.
3. **Submit all necessary documents and payment/checks with the application. All fees for applications submitted electronically will be invoiced to event organizer and must be paid before special event permit is issued.**
4. The following sections **MUST** be completed by the event coordinator for ALL events:
   - General event information
   - Security plan
   - Site plan with clearly marked maps (geography of area, street closures, barricades, cooling stations, and security stations)
   - Insurance and liability certificates
   - Fire Prevention Plan
   - Medical Plan
   - Signature of event organizer and of the alderman of the ward the event takes place

In addition you may need to complete:

Are you serving alcoholic beverages at your Event? ☐ Yes ☐ No
If yes, you must complete and submit the State Special Event Liquor License Application and Dram shop insurance.

Are you erecting a tent over 120 sq. ft, or a canopy over 400 sq. ft.? ☐ Yes ☐ No
If yes, you must complete and submit the Tent and Canopy Application. See guidelines for tent and canopy specifics.

Does your event include a carnival? ☐ Yes ☐ No
If yes, you must complete a Carnival application permit.

Are you closing any streets or sidewalks for your event? ☐ Yes ☐ No
If yes, indicate street closures and barricades on comprehensive site map.

Will there be an athletic event or a parade? ☐ Yes ☐ No
If yes, an athletic course or parade route must be attached.

Will you be using animals at your event? ☐ Yes ☐ No
If yes, a Business Use of Animals form must be completed.

Will the street closure be on a RMTD bus route? ☐ Yes ☐ No
If yes, you must notify RMTD of your request.

***Please note that closures of state-funded roads requires a minimum 30 day notice to IDOT**

After submitting all forms, your application will be reviewed by the Special Events Coordinator. The completed application will then be sent to all departments that will be involved in providing services or permits for the event. You will be notified if the event has been approved.

TERMS AND CONDITIONS

- ☐ The applicant must promptly reimburse the City for any and all damages of any kind to City property which may result from the use by the applicant of the City's premises under the permission granted herein, and the applicant further agrees that it will not hold liable the City for, or in account of, any loss or damage to property owned by it or controlled by the applicant or for, or on account of, any loss or damage sustained by the applicant as a result of injuries to employees or agents of the applicant.
- ☐ I understand that I cannot assume that all aspects of the event will be approved; I might be asked to make some changes to my plan based on the availability of services, costs and scheduling of other events.
- ☐ I understand that I should not advertise for our event until approval from the city has been received in the form of a special event permit.
- ☐ I agree to promptly reimburse the city for costs associated with city services, materials, and equipment.
- ☐ I agree to inform the Special Events Coordinator of any changes in this application.
- ☐ I agree that the City of Rockford may close my event should we violate city ordinance, or deviate from the defined, permitted activity.
- ☐ I agree that the information in this application is true and correct to the best of my knowledge.
- ☐ I understand that I am liable for city incurred expenses for events which may be cancelled or postponed for any reason. Additionally, events plans are not transferable to a later date for events that have been cancelled for any reason.
- ☐ I agree to the terms and conditions listed above.

Signature of Organizer_____Date _____

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone: _____

THIS APPLICATION MUST BE APPROVED AND SIGNED BY ALDERMAN OF WARD IN WHICH THE EVENT TAKES PLACE

ALDERMAN: _____

WARD: 14

THE CITY OF ROCKFORD ILLINOIS, USA	CITY OF ROCKFORD 2012 SPECIAL EVENTS APPLICATION

GENERAL EVENT INFORMATION

Name of Event:	First time event? ☐ Yes ☐ No If no, how long has this event been in existence:	
Type of Event: (Check all that apply) ☐ Parade ☐ Run ☐ Walk ☐ Festival ☐ Neighborhood Event ☐ Church Event ☐ Athletic Event ☐ Farmer's Market ☐ Other (please describe):_____ For parades, runs, & walks, please identify the length of your course:		
Date(s) of Event:	Hours of Event:	Step-off time (athletic events, parades)
Exact Address of Event:	Does the event require use of City property, right of way, or streets? ☐ Yes ☐ No	
Estimated Attendance:	Last Year's Attendance:	Phone number/website for publication
Describe the events community and/or cultural benefit:		
Name of Sponsoring Organization:	Event Contact:	
Sponsoring Organization's Address:		
Contact email address:	Contact Phone:	
You must provide the name and cell phone number of two contacts during the event:		
Contact #1 name and phone number	Contact #2 name and phone number:	

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone:

COMPREHENSIVE SITE MAP

Please use this Comprehensive Site Plan to illustrate the layout of your event. If you need additional space, please attach a separate sheet. If you do not have access to a scanner, please mail or bring in a copy to the Special Events Coordinator.

If applicable the following must be included:

-Location of First Aid (+)
-Location of food vendors (FV)
-Location of alcoholic beverage venders (AB) along with number of serving stations at each location
-Location of non-alcoholic beverage vendors (NAB)
-Location of garbage receptacles (G) and recycling receptacles (R)
-Show walk, run and bike routes if athletic event (use arrows)
-Show parade route (use arrows)
-Location of closed streets or public right-of-ways (designate with an "X")
-Position of barricades ("B")
-Public entrances and exits
-location of sound stages (SS) and amplified sound systems (AS)
-location of residential streets surrounding event that will be impacted by flow of traffic from event
-location of cooling stations (CS)
-location of tents (T) and/or canopies (C)
-location of carnival set up (CA)
-location of animals/caregivers (A)
-location of security booths (S)
-Location of washroom facilities (WF)

SECURITY PLAN – Must be approved by the Rockford Police Department

Security Contact Person:	Contact Phone:
Name of Private Security Company: (if applicable)	
Address of Private Security Company:	
Name of Contact Private Security Company:	Phone:
	Email:
Number of Private Security Personnel hired per shift:	

***Please clearly mark security stations on comprehensive site map**

Additional Information:

☐ Liquor will not be served
☐ Liquor will be served:

Number of booths	Number of serving locations @ each booth

***If alcoholic beverages are being served, please attach a detailed plan describing procedures for carding minors and preventing over-consumption of alcohol. Also, please include the locations where alcohol will be served on comprehensive site map.**

☐ Street(s) will not be closed.
☐ Street(s) will be closed.

Street Name:	From	To	Dates	Times
Example: State St.	400(E)	400(W)	6/1/10-6/5/10	8am-11pm

***Please attach plans for traffic control and crowd control if necessary (traffic control plan required for all outdoor events).**

NOISE CONTROL PLAN

Will electronic sound amplification equipment or a public address system be used at the event?

☐ Yes ☐ No

***If yes, please indicate on the comprehensive site map the location of the stages and sound systems, the location and direction of all speakers, and the proximity to residential addresses.**

Amplified sound will be used during the hours of _____to_____

Describe the sound system(s):

_____

_____

Explain how the sound will be controlled and identify the means by which it can be further controlled if necessary:

_____

_____

_____

Explain how you will inform neighbors, residents, and surrounding businesses:

_____

_____

_____

DEPARTMENT OF PULIC WORKS – STREET CLOSURE REQUEST

Identify street name with numerical address range(s) with direction

Public Way Intended for Event "Set Up"

Street Name:	From	To	Dates	Times
Example: State St.	400(E)	400(W)	6/1/10-6/5/10	8am-11pm

Public Way Intended for actual Event

Street Name:	From	To	Dates	Times
Example: State St.	400(E)	400(W)	6/1/10-6/5/10	8am-11pm

Public Way Intended for Event "Tear Down"

Street Name:	From	To	Dates	Times
Example: State St.	400(E)	400(W)	6/1/10-6/5/10	8am-11pm

*** Please indicate on comprehensive site map any street closures, barricades, security stations, cooling stations, and athletic course or parade routes if applicable.**

BARRICADES ARE REQUIRED FOR ALL STREET CLOSURES. THE EVENT ORGANIZER IS RESPONSIBLE FOR ORDERING THEIR OWN BARRICADES AND MAKING ARRANGEMENTS WITH THE BARRICADE COMPANY FOR PROMPT SET-UP AND TEAR-DOWN. THE SPECIAL EVENTS COORDINATOR REQUIRES PROOF OF BARRICADE ORDER AT LEAST TWO (2) WEEKS PRIOR TO EVENT.

***Please note that closures of state-funded roads requires a minimum 30 day notice to IDOT**

DEPARTMENT OF PUBLIC WORKS – CITY SERVICE REQUESTS

Please provide the following city services:

City Service	Location	Comments
City parking lots or decks ☐ Yes ☐ No		
Street sweepers (required for all animals) ☐ Yes ☐ No		

* **All the above services and equipment are subject to availability**.

WASTE MANAGEMENT PLAN

Method of Garbage Collection: _____

Method of Recyclable Materials Collection (voluntary): _____

What recyclable materials will be collected from the public?
☐ Cans and bottles ☐ Paper materials ☐ Other

What recyclable materials will be collected from vendors/merchants?
☐ Cans and bottles ☐ Paper materials ☐ Other

Additional Information:

Is there appropriate signage to direct public to the event? ☐ Yes ☐ No

Are all entry and exit areas clearly marked and easily accessible? ☐ Yes ☐ No

Are all indoor and outdoor restroom facilities easily accessible? ☐ Yes ☐ No

Is adequate accessible parking planned for the number of expected attendees?
☐ Yes ☐ No

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone: _____

ROCKFORD FIRE DEPARTMENT MEDICAL PLAN

Will emergency medical services be summoned through 911? Yes ☐ No ☐

If "NO", please fill out the form below. NOTE: Parades, athletic events, and events with attendance over 500 MUST complete the form below.

Name of medical contact:	Contact Phone:
Will you have an on-site Licensed Emergency Medical Services Provider? ☐Yes ☐No	
Name of on-site Licensed Emergency Medical Services Provider: (If applicable)	
Address of Licensed Emergency Medical Services Provider:	
Name of on-site Licensed Medical Provider:	Phone:
	Email:
Number of ambulances and staging locations at your event:	
Hours of coverage for ambulance and staff:	
Number of medical staff and level of certification:	
Plan for back up services in case your medical staff becomes unavailable	
Number of aid stations and their hours at event:	
Resources available at each aid station:	
Detail how medical staff will be identified:	

FIRE DEPARTMENT – FIRE PREVENTION

The Fire Prevention Division requires an inspection be completed for a number of conditions. Please complete the questionnaire below to provide the details of your event.

Is this an outdoor venue? ☐ Yes ☐ No ☐ Partial In/Out

Will your event use temporary structures/tents? ☐ Yes ☐ No

Will you be cooking on site? ☐ Yes ☐ No

What type of fuel will be used for cooking purposes?

_____

Will you have pyrotechnics (fireworks) associated with your event? ☐ Yes ☐ No

Will your event include any bonfires or recreational fires? ☐ Yes ☐ No

Does your event require any audience seating? ☐ Yes ☐ No

You must attach proposed plans for Emergency Evacuation Procedures.

ACCESSIBILITY PLAN

Is this a city owned facility? ☐ Yes ☐ No ☐ Unknown

Is this an outdoor venue? ☐ Yes ☐ No ☐ Partial In/Out

Identify the geography of your event area:

_____

What consideration has been given to improve accessibility to the greatest extent?

_____

How will staff be trained on appropriate ways to assist people with disabilities?

_____

Do you have a plan to appropriately mark accessible parking? ☐ Yes ☐ No

Is there an accessible path from the street/parking to the event? ☐ Yes ☐ No

Are there easily accessible cooling stations? ☐ Yes ☐ No

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone:

ANIMAL MANAGEMENT PLAN

A LICENSE APPLICATION FOR THE BUSINESS USE OF ANIMALS AT CITY SPONSORED EVENTS MUST BE COMPLETED IN ORDER TO INCLUDE THE USE OF ANIMALS IN YOUR EVENT.

Vendor Providing the Animals:	Vendor Phone #

Types and quantities of animals being used: _____

Describe method to prevent the public from being accidently injured by an animal.

_____

Describe how overnight stabling or housing of animals is being done in a humane and approved manner.

_____

Describe the cleanup methods **and the frequency of cleanup** being used to clear the area of animal waste.

_____

Describe insurance coverage for animals in the event an accident occurs with the public.

_____

Provide a statement indicating you have proper equipment and staff to handle and maintain animals.

_____

Describe how the handling, exhibition, transporting and housing of any and all animals will be in full compliance with all terms of the Human Care of Animals Act.

_____

Expiration date of last rabies shot given to each animal.

_____

Your USDA license number, if licensed.

_____

*** A copy of the animal insurance coverage must be included with application**

Events using animals will be charged an additional clean up fee.

Estimated costs for clean up:_____

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone: _____

TENT AND/OR CARNIVAL PERMIT APPLICATION

This application is for: (Check all that apply)

☐ **TENT(S)** ☐ **CANOPY** ☐ **CARNIVAL**

If tent or canopy is to be used for assembly of more than 10 occupants:
What is the size of the tent and/or canopy? ft. (width) X ft. (length) = Square Feet (sf)

Will the tent hold:

TABLES & CHAIRS	☐ YES	☐ NO
CHAIRS ONLY	☐ YES	☐ NO
STANDING SPACE	☐ YES	☐ NO
(15 net sf/occupant)	(7 net sf/occupant)	(5 net sf/occupant)

Completed by Staff Occupant load is: sf divided by sf/occupant = _____

Will there be any electrical equipment used? ☐ Yes ☐ No

Will there be any heat producing cooking appliances used in proximity of tents? ☐ Yes ☐ No

Are you, as applicant, a tent erector licensed with the City of Rockford? ☐ Yes ☐ No

Are you, as applicant, a carnival operator licensed with the State of Illinois? ☐ Yes ☐ No

What is the proposed use of the tent?	
What is the location of the tent on the property?	
Date tent(s)/carnival will be erected:	Date tent(s)/carnival will be dismantled:
Name of Tent Erector:	
Address Tent Erector:	
License # of Tent Erector	
Phone of Tent Erector:	Email of Tent Erector:

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone: _____

Name of Carnival Operator:	
Address of Carnival Operator:	
State Permit number of Carnival Operator:	
Phone of Carnival Operator:	Email of Carnival Operator:

The tent(s)/carnival: ☐ **WILL (or)** ☐ **WILL NOT have electrical equipment**

TEMPORARY SIGN/BANNER PERMIT APPLICATION

- The applicant is to furnish all of the requested information
- The applicant shall submit all proposed sign elevations
- Banners and other Temporary Signs shall be erected in compliance with Chapter 3 of the Rockford Municipal Code.
- Temporary signs must be anchored to the wall of the building with wire or steel cables. No strings, ropes or wood slats for anchorage or support purposes shall be permitted.
- Signs may not exceed thirty feet (30') in height.
- **Mobile Signs are prohibited**

Contact Name:	
Contact Address:	
Contact Phone:	Contact email:
Date application was submitted:	

Address/location of proposed sign:	
What is the name of business or event to be advertised?	
What is the location of the sign/banner on the property?	
Date tent(s)/sign/banner will be erected:	Date sign/banner will be dismantled:
Name of Contractor:	
Address of Contractor:	
Contractor Phone:	Contractor email:
Contractor License number:	

For Office Use Only: Event Contact: Event Name: Event Date: Contact Phone:

Is this a BANNER sign? ☐ Yes ☐ No
Is this an INFLATABLE sign? ☐ Yes ☐ No

Installation: Is this sign freestanding? ☐ Yes ☐ No

If NO how is this sign to be mounted? _____

Is this sign ☐ ILLUMINATED or ☐ NON-ILLUMINATED?
NOTE: If sign will be illuminated then a separate electrical permit is required.

Sign SIZE: Height: (x) Length: (=) AREA Square Feet
_____

Sign HEIGHT: From grade to TOP of sign in feet - inches.
_____

From grade to BOTTOM of sign in feet - inches.
_____

Permit fees, a drawing or picture of the proposed sign and locations must be submitted with this application.

ELECTRICAL PERMIT

Contractor Information (City of Rockford registration required)	
Company Name:	
Company Address:	
Contact Person:	Contact Phone:
Fax:	
Registration #:	

Description of Work:

☐ Generator ☐ Temporary Service Panel

☐ Temporary wiring plugged into receptacles or temporary hard wired to panel

☐ Other

Description of work: _____

Construction Valuation: _____

Total Cost of Project: $ _____
(Include: Labor, materials, equipment, overhead & profit)

Expected Start Date:	Expected Inspection Date:
Requested Inspection Date:	Time Preference: ☐ AM ☐ PM ***Please give 24 hrs. notice***

APPLICATION FOR CITY OF ROCKFORD CLASS "S" OR "SP" LIQUOR LICENSE PERMIT

Type of Permit Requested:

☐ **"S" Permit for consumption of liquor on PRIVATE property.**

☐ **"SP" Permit for consumption of liquor on PUBLIC property.**

THE FOLLOWING ITEMS MUST ACCOMPANY APPLICATION FOR LIQUOR LICENSE:

1. A Certificate of Insurance showing coverage for commercial general or premises liability insurance and dram shop (liquor liability) insurance naming the City of Rockford as additional insured, and listing the City of Rockford, Legal Dept, 425 East State Street, Rockford, Il, as certificate holder.
2. Indicate the exact area where alcohol will be sold and consumed on comprehensive site map.
3. A description of security measures to control the area (i.e. fences, barricades, security personnel).
4. Proof of not-for-profit status (i.e. articles of incorporation, tax exempt number).
5. A letter of intent from participating nonprofit organization.

Non For Profit Information	
Non For Profit Name:	
Non For Profit Address:	
Event Contact Person:	Event Contact Phone:
Event Contact Cell Phone:	Fax:
Non for Profit Registration #:	