

2014

Special Event Guide



Last updated:
1/14/14



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

TABLE OF CONTENTS

Event Application Checklist Pg 3

Fees..... Pg 4

Instructions for Completing Event Application..... Pg 5

Terms and Conditions/Agreement Pg 6

General Event Information..... Pg 8

Police/Security Plan..... Pg 9

Public Works Street Closure Request Pg 11

Public Works Service Request Pg 12

Fire Medical Plan..... Pg 13

Fire Prevention & Accessibility Plan Pg 14

Animal Management Plan..... Pg 15

Carnival Permit Application Pg 16

Carnival Permit ApplicationPg 17

Banner Permit Application..... Pg 18

Electric Permit Application Pg 20

Liquor License Application Pg 21



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

EVENT APPLICATION CHECKLIST

Thank you for completing your Special Event Permit Application.

* Before you submit your application to the City of Rockford, please make certain that the following steps have been completed.

Have you?

- Signed and dated your application?
- Received Alderman's approval?
- 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 letter of intent from participating nonprofit, if applicable?
- Included your Special Event Liquor License application, Dram Shop Insurance, if applicable?
- Included your Tent and Canopy application, if applicable?
- Included your Electrical permit application, if applicable?
- Included your Banner (temporary sign) permit application, if applicable?
- Included your payment?

*** Complete only those documents required for your Special Event.**

Please submit your completed permit application to:

City of Rockford
Attn: Special Events
425 E. State St., 6th Floor
Rockford, IL 61104

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

FEES

- *All fees must be paid at the time of permit application and are non-refundable.*
 - *Fees for electric permits are paid after an event has been approved, and must be paid before an event permit will be released.*
 - *Payment of fees does not guarantee permits will be granted.*

NON FOR PROFIT SPECIAL EVENT FEE.....	\$81.00
FOR PROFIT SPECIAL EVENT FEE	\$113.00
ADMINISTRATIVE LATE PERMIT FEE.....	\$200.00
LIQUOR LICENSE S, SP, & SPF.....	\$52.00 per day
TENT/CANOPY PERMITS	\$69.00
ELECTRIC PERMIT..... (Additional fees may apply)	\$67.00
CARNIVAL PERMIT.....	\$157.00
BANNER PERMIT (Will allow multiple banners with special events.)	\$36.00

ADDITIONAL FEES FOR CITY SERVICES MAY APPLY

- Police Assistance - \$58.00/hour**
- Fire Department -**
- Street Sweeping - \$150.00/hour**
- Festival Zone Post Event Sweeping - \$75.00**

**** Special Fees will apply for events held at Davis Park.
Contact Dave Lape at 815-968-5600 ext. 238.**



CITY OF ROCKFORD 2014
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 and warming 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, you must attach an event map with clearly marked street closures and barricades.

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.

Event Name / Event Date: _____



CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION

After submitting all forms, your application will be reviewed by the Special Events Coordinator. The completed application will 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.

Please initial each box and sign below.

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 may 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 or make any other arrangements for our event until approval from the city has been received.
I agree to promptly reimburse the city for costs associated with city services, police assistance, materials, equipment, etc.
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.

Event Coordinator Signature: _____ Date: _____

Event Name / Event Date: _____



CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION

**YOU MUST RECEIVE WRITTEN APPROVAL FROM ALDERMAN OF WARD
IN WHICH THE EVENT WILL TAKE PLACE.**

NAME OF EVENT: _____

DATE OF EVENT: _____

ALDERMAN (signature): _____

WARD: _____

- | | |
|-----------------------------|---------------------------------|
| WARD 1 – TIM DURKEE | tim.durkee@rockfordil.gov |
| WARD 2 – JAMIE GETCHIUS | jamie.getchius@rockfordil.gov |
| WARD 3 – TOM MCNAMARA | thomas.mcnamara@rockfordil.gov |
| WARD 4 – KEVIN FROST | kevin.frost@rockfordil.gov |
| WARD 5 – VENITA HERVEY | venita.hervey@rockfordil.gov |
| WARD 6 – MARCUS HILL | marcus.hill@rockfordil.gov |
| WARD 7 – ANN THOMPSON-KELLY | ann.thompson@rockfordil.gov |
| WARD 8 – JEANNE ODDO | Jeanne.oddo@rockfordil.gov |
| WARD 9 – TEENA NEWBURG | teena.newburg@rockfordil.gov |
| WARD 10 – FRANK BEACH | franklin.beach@rockfordil.gov |
| WARD 11 – KAREN ELYEA | karen.elyea@rockfordil.gov |
| WARD 12 – JOHN BECK | john.beck@rockfordil.gov |
| WARD 13 – LINDA MCNEELY | linda.mcneely@rockfordil.gov |
| WARD 14 – JOE CHIARELLI | joseph.chiarelli@rockfordil.gov |



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

GENERAL EVENT INFORMATION

Name of Event:		First time event? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, how long has this event been in existence:
Type of Event: (Check all that apply) Parade Run Walk Festival Neighborhood Event <input type="checkbox"/> Athletic Event Farmer's Market		
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:		
Estimated Attendance:	Last Year's Attendance:	Phone number/website for publication
Describe the event's 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:	



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

COMPREHENSIVE SITE MAP

MANDATORY

*Please use the Comprehensive Site Plan to illustrate the layout of your event.
If you need additional space, please attach a separate page.*

If applicable, the following must be included: (please use the codes indicated)

- Location of First Aid (+)
- Location of food vendors (FV)
- Location of alcoholic beverage vendors (AB) along with number of serving stations at each location
- Location of non-alcoholic beverage vendors (NAB)
- Location of garbage receptacle (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)

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

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.

If hiring Rockford Police for security, a minimum of 30 days' notice is required.

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
<i>Example: State St.</i>	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 is required for all outdoor events.)**

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

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 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:

Sec. 17-33. - Miscellaneous noise sources.

It shall be unlawful to operate the following equipment between the hours of 10:00 p.m. and 7:00 a.m. outdoors within 600 feet of any building used for residential or hospital purposes or indoors if such equipment is audible from any adjacent property used for residential or hospital purposes:

- (1) Power-operated models including automobiles, boats and aircraft;
- (2) Sound trucks and public address systems;
- (3) Musical instruments;
- (4) Radios, television sets and phonographs;
- (5) Factory time whistles; and
- (6) Church bells and carillons.

It shall be unlawful to play music outside at any time using an intercom system on any property abutting or across the street from property zoned and used for residential purposes, if such music is audible more than ten feet from the property from which the music is operating and it shall be unlawful to play music outside using an intercom system between the hours of 11:00 p.m. and 7:00 a.m. on any property which is abutting or across the street from property zoned and used for residential purposes.

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

DEPARTMENT OF PUBLIC WORKS – STREET CLOSURE REQUEST

WILL ANY STREETS NEED TO BE CLOSED? YES NO

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

FOR: Event “Set Up”

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

FOR: Actual Event

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

FOR: Event “Tear Down”

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

*** Please attach a map with marked street closures, barricades, security stations, cooling stations, and including athletic course or parade course if applicable***

BARRICADES ARE REQUIRED FOR ALL STREET CLOSURES.

EVENT ORGANIZERS ARE RESPONSIBLE FOR ALL BARRICADE COSTS AND MUST PROVIDE PROOF OF BARRICADE ORDER PRIOR TO EVENT.

Barricades may be ordered from SANCO (815) 961-0365 or any traffic control business certified in MUTCD standards.

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

DEPARTMENT OF PUBLIC WORKS - CITY SERVICE REQUESTS

Please indicate if any of the following city services are needed:

City Service	Location	Comments
Additional Barricades Yes No		
Message Boards Yes No		
Street Sweeping (required for animals) Yes No		
City parking lots or decks 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 |

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

ROCKFORD FIRE DEPARTMENT MEDICAL PLAN

Will emergency medical services be summoned through 911 only? Yes No
If NO, please complete the form below. Parades, athlete events, and events with attendance over 500 MUST complete the form.

Name of medical contact (someone involved w/ event):
Contact Phone:

Will you have an on-site Licensed Emergency Medical Services Provider?
Yes No

Name and address of on-site Licensed Emergency Medical Services Provider, if applicable

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 (cooling/warming):

Detail how medical staff will be identified:

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

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? If so, how many:	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

Event Name / Event Date: _____



CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION

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:

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.

Event Name / Event Date: _____



CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION

TENT PERMIT APPLICATION

This application is for:

TENT(S) (No. of tents) CANOPY(S) (No. of canopies)

If tent or canopy is to be used for assembly of more than 10 occupants:

What is the size(s) of the tent and/or canopy? (width x length = sq. ft)

Will the tent(s) hold:

TABLES & CHAIRS YES NO
CHAIRS ONLY YES NO
STANDING SPACE YES NO

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 usage of the tent:

Date tent(s)/carnival will be erected:

Date tent(s)/carnival will be dismantled:

Name & Address of Tent Erector:

Phone & Email of Tent Erector:

License # of Tent Erector:

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

CARNIVAL PERMIT APPLICATION

Name of Carnival Operator:

Address of Carnival Operator:

State Permit Number of Carnival Operator:

Phone and Email of Carnival Operator:

Number of Carnival Rides:

Event Name / Event Date: _____



CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION

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.
- Signs in Right-of-Way need separate application from Public Works Dept.
- **Mobile Signs are prohibited**

Address / location of proposed sign/banner:

*** ATTACH PICTURE OR DRAWING OF SIGN/BANNER**

Size of sign: (List as Height x Width = Sq. Feet)

Sign HEIGHT: (From grade to Top of sign in feet/inches)

(From grade to BOTTOM of sign in feet/inches)

Is this a BANNER sign?	YES	NO
Is this an INFLATABLE sign?	YES	NO
Is sign freestanding?	YES	NO

If not freestanding, how will sign be mounted?

Is sign: ILLUMINATED NON-ILLUMINATED?

NOTE: If sign is illuminated, a separate electric permit is required.

If Contractor is used:

Name and address of contractor:

Phone and Email of contractor:

License # of contractor:

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

ELECTRICAL PERMIT APPLICATION

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

Description of Work:

Generator (size: _____)

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
	<i>Please give 24 hrs. notice</i>

Event Name / Event Date: _____



**CITY OF ROCKFORD 2014
SPECIAL EVENTS APPLICATION**

APPLICATION FOR CITY OF ROCKFORD CLASS "S", "SP", or "SPF" 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.

"SPF" Permit for consumption of liquor in FESTIVAL ZONE.

THE FOLLOWING ITEMS MUST ACCOMPANY APPLICATION FOR LIQUOR LICENSE:

1. A Certificate of Insurance showing coverage for commercial, general, or 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 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 (NFP must be located within the City of Rockford)	
Non For Profit Name:	
Non For Profit Address:	
Event Contact Person:	Event Contact Phone:
Event Contact Cell Phone:	Event Contact Email:
Non for Profit Registration #:	

*** MUST SUBMIT SECURITY PLAN WITH LIQUOR APPLICATION.**

Event Name / Event Date: _____