

2016

Special Event Guide



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12/31/15



**CITY OF ROCKFORD 2016
SPECIAL EVENTS APPLICATION**

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**CITY OF ROCKFORD 2016
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 completed Tent and Canopy application, if applicable?
- Included your completed Electrical permit application, if applicable?
- Included your completed Banner (temporary sign) permit application?
- 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: _____



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FEEES

- 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..... \$85.00

FOR PROFIT SPECIAL EVENT FEE \$117.00

ADMINISTRATIVE LATE PERMIT FEE..... \$200.00
(any event turned in less than 60 calendar days prior to the event date will be assessed fee)

TENT/CANOPY PERMITS\$ 73.00

ELECTRIC PERMIT \$ 69.00
(Additional fees may apply)

CARNIVAL PERMIT \$163.00

BANNER PERMIT \$ 38.00
(Will allow multiple banners with special events.)

TEMPORARY LIQUOR PERMITS (Refer to page 20 to determine type of event)

CIVIC ENGAGEMENT EVENT..... \$55.00 per day

NOT-FOR-PROFIT EVENT..... \$25.00 per day

GOVERNMENT
EVENT.....\$25.00 per day

COMMERCIAL
EVENT.....150.00 per day

PROMOTIONAL
EVENT.....\$55.00 per day

Police Assistance - \$60.00/hour
Post Event Clean Up and Street sweeping 150.00/hour
** Special Fees will apply for events held at Davis Park
Contact Dave Lape at 815-968-5600 ext. 238.



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You may be responsible for obtaining additional permits from Winnebago County or the State of Illinois

INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

- 1. Completed applications for all events must be submitted at least 60 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
Intent or pre-order for barricades if needed for event
- 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 (see page 23).

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 (see page 17) .

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 barricade placement.

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



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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 that within 30 days of receipt of invoice I will reimburse the city for costs associated with city services, police assistance, materials, equipment, etc.

_____ I understand that City of Rockford Ordinance Section 17-33 regulates noise between the hours of 10:00 p.m. and 7:00 a.m. and agree to comply with the same.

_____ 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: _____



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**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 – PAM CONNELL | pam.connell@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 |



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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:	Time/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:	

Event Name / Event Date: _____



CITY OF ROCKFORD 2016 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: _____



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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.**



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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. The City of Rockford Ordinance Section 17-33 regulates noise between the hours of 10:00 p.m. and 7:00 a.m.**

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.



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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 mark street closures, barricades, security stations, cooling stations, and including athletic course or parade course on site map***

**BARRICADES ARE REQUIRED FOR ALL STREET CLOSURES.
Proof of barricade order prior to event must be provided with application
EVENT ORGANIZERS ARE RESPONSIBLE FOR ALL BARRICADE COSTS**

Event Name / Event Date: _____



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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 and warming stations?	Yes	No



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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 250 MUST complete the form, and include an *emergency contingency plan*.

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: _____



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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

Will your event use temporary structures/tents? If so, how many:

Will you be cooking on site? Yes No

Partial In/Out 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**

**** It is unlawful to kindle, maintain, or authorize to be kindled or maintained any open burning in violation of Section 302.1 of the International Fire Code and its amendments as adopted by City of Rockford Ordinance Section 9-111.**

Event Name / Event Date: _____



CITY OF ROCKFORD 2016 SPECIAL EVENTS APPLICATION

Tent/ Canopy/ Carnival Application

Applicant to complete sections I-V

I. Prior to completing this application please answer the following:			
1. Is any tent or canopy to be erected on City of Rockford Owned Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is any tent or canopy to be erected for more than one day on private property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3. Will there be any electrical equipment used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will there be any heat producing cooking appliances used in proximity of tents or canopies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is applicant a tent/canopy erector licensed with the City of Rockford Or a carnival operator licensed with the State of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		6. Will any water connections to City of Rockford Hydrants be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Project & Contact Information			
This application is for: <input type="checkbox"/> Tent(s) <input type="checkbox"/> Canopy(ies) <input type="checkbox"/> Carnival			
Street Address / Location of Proposed Event/Structure			P.I.N.
What Event or Use is Proposed at Site?			
Date Tent, Canopy, and/or Carnival will be erected		Date Tent, Canopy, and/or Carnival will be dismantled	
Name of Applicant/ Organization			
Contact Person	Phone	Email	
III. Contractors			
A. Tent/Canopy Erector (City License Required) or Carnival Operator (State Permit Required)			
Company		License # or Permit #	
Address		City	State Zip
Phone	Fax	Email	
IV. Details			
Size of Tent/Canopy (in feet)		Will there be (check one)	
Length	x Width = Area square feet	<input type="checkbox"/> Tables & Chairs <input type="checkbox"/> Chairs Only <input type="checkbox"/> Standing Space	
Will the tent/canopy have electrical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
COMPLETED BY STAFF	Occupant load: Tot. SF div. by occ/sf = occs	Use 15 net sf/per person for Tables & Chairs	Use 7 net sf/per person for Chairs Only
			Use 5 net sf/per person for Standing Space

Event Name / Event Date: _____



**CITY OF ROCKFORD 2016
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V. Applicant's Certificate

The undersigned hereby applies to the City of Rockford, Illinois for a permit to erect (a) tent(s), canopy(ies) and/or carnival as described herein, and if granted, the permit applied for shall comply with all requirements of City Ordinances relating thereto and pay the fees required by such ordinances. No error or omission in this application, whether approved by Construction & Development Services or not, shall permit or relieve the applicant from erecting the tent(s), canopy(ies) and/or carnival in a manner other than provided for in the Ordinances of this City relating thereto. I hereby certify that the proposed tent(s), canopy(ies) and/or carnival is authorized by the property owner of record and that I have been authorized by the property owner and fully understand the intent thereof and declare that the information contained in this application is true and correct.

Name		Title	
Company		Phone	
Street Address	City	State	Zip
Signature X		Date	

Staff Comments (to be completed by Staff)

Zoning District:	Zoning File #:	Prior Inspection of Job Site By:	Located on City Property <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning Approval:		Approval Date:	
Building Approval:		Approval Date:	
Tent, Canopy, Carnival Permit Issued by:			
Signature:		Approval Date:	



CITY OF ROCKFORD 2016
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TEMPORARY SIGN PERMIT APPLICATION FOR SPECIAL EVENTS

The applicant is to furnish all of the requested information

1. Date of Application: _____
2. Address of proposed sign location: _____
3. Name of Event to be advertised: _____
4. Name of applicant: _____ Phone: _____
5. Is this a BANNER SIGN OR INFLATABLE SIGN? (Circle one)
6. Installation: Is this sign freestanding? YES NO
If NO how is this sign to be mounted?
7. Is this sign ILLUMINATED or NON-ILLUMINATED (Circle one)
NOTE: If sign will be illuminated then a separate electrical permit is required.
8. Sign SIZE: Height: _____ (x) Length: _____ (=) AREA _____ Square Feet
9. Sign HEIGHT: From grade to TOP of sign? _____ feet - ____ inches.
From grade to BOTTOM of sign? _____ feet - _____ inches.
10. Date to be erected? _____; Date to be removed? _____

- * Temporary signs may be in place for not more than seven consecutive days, during a six month period, commencing with the issuance of a permit for such sign.
- * Banners and other Temporary Signs shall be erected in compliance with Chapter 117 of the Rockford Municipal Code.

***** MOBILE SIGNS ARE PROHIBITED *****

The applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

Signature: _____ Date: _____

Event Name / Event Date: _____

**CITY OF ROCKFORD 2016
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APPLICATION FOR CITY OF ROCKFORD TEMPORARY LIQUOR PERMIT

Type and Fee Per Day	Nature of applicant	Type of Property	Open to the Public
Civic Engagement Permit \$55.00	Civic engagement organization, foundation or similar entity	Private property/ Public property	Yes if on public property
Not-for-Profit Permit \$25.00	Not-for-profit organization, 501(c)(3) organization, religious/church organization-all proceeds after administrative costs must go to the Non-for Profit	Private property/ Public property	Yes if on public property
Government Permit \$25.00	Local government entity on premises owned/leased by government entity	Public property	Yes
Commercial Event Permit \$150.00	Individual, partnership or corporation	Private property	Yes
Promotional Event \$ 55.00	Current City of Rockford liquor licensee	Private property owned by current Rockford liquor licensee	Yes

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 status of applicant (i.e. articles of incorporation, tax exempt number).
5. Proof of BASSET training compliance. Training info may be found at:

<http://www.illinois.gov/ilcc/Education/Pages/BASSET/Training-Class-Directory.aspx>

Type of permit:	
Name:	
Address:	
Public or Private Property?	Open to the Public?
Event Contact Person:	Event Contact Phone:

Event Name / Event Date: _____