

2026

Special Event Application





City of Rockford, Illinois
Public Works Department
City Hall, 6th Floor
425 East State Street, Rockford, IL 61104
Phone: 779-348-7174 Fax: (815) 967-7058
www.rockfordil.gov



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TERMS AND CONDITIONS

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 check each box and sign below.

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 understand that I am to secure traffic control for my event, and the costs involved with that

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 canceled for any reason unless a makeup date has been specified.

I agree to the terms and conditions listed above.

Event Coordinator Signature: _____ Date: _____



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Fees

- All fees will be invoiced, and must be paid before release of permit. Fees are non-refundable.
- Payment of fees does not guarantee permits will be granted.

NON FOR PROFIT SPECIAL EVENT FEE _____ \$116.00

FOR PROFIT SPECIAL EVENT FEE _____ \$160.00

FARMER'S MARKET _____ \$84.00

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 _____ \$93.00

ELECTRIC PERMIT _____ \$79.00

CITY ELECTRIC (if available) _____ \$30.00

CARNIVAL PERMIT _____ \$195.00

BANNER PERMIT . _____ \$50.00

(Will allow multiple banners with special events.)

TEMPORARY LIQUOR PERMITS (Refer to page 21 to determine type of event)

CIVIC ENGAGEMENT EVENT _____ \$68.00 per day

NOT-FOR-PROFIT EVENT _____ \$33.00 per day

GOVERNMENT EVENT _____ \$33.00 per day

COMMERCIAL EVENT _____ \$185.00 per day

PROMOTIONAL EVENT _____ \$68.00 per day

VOLUNTARY COSTS FOR EXTRA SERVICES

POLICE SERVICES _____ \$90.00/hour

FIRE DEPT OR EMS SERVICES _____ contact 779-348-7171

POST EVENT CLEAN UP and STREET SWEEPING _____ \$220.00/hour(4hr minimum)



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**YOU MUST RECEIVE WRITTEN APPROVAL FROM ALDERMAN OF WARD IN WHICH
THE EVENT WILL TAKE PLACE. WE CAN ALSO REACH OUT ON YOUR BEHALF**

NAME OF EVENT: _____

DATE OF EVENT: _____

ALDERMAN (signature): _____

WARD: _____

WARD 1 – TIM DURKEE
WARD 2 – JONATHAN LOGEMANN
WARD 3 – CHAD TUNEBERG
WARD 4 – KEVIN FROST
WARD 5 – GABRIELLE TORINA
WARD 6 – APREL PRUNTY
WARD 7 – JANESSA WILKINS
WARD 8 – KAREN HOFFMAN
WARD 9 - DAWN GRANATH
WARD 10 - FRANK BEACH
WARD 11 – JAIME SALGADO
WARD 12 – GINA MEEKS
WARD 13 – TAMIR BELL
WARD 14 – MARK BONNE

tim.durkee@rockfordil.gov
jonathan.logemann@rockfordil.gov
chad.tuneberg@rockfordil.gov
kevin.frost@rockfordil.gov
gabrielle.torina@rockfordil.gov
aprel.prunty@rockfordil.gov
janessa.wilkins@rockfordil.gov
karen.hoffman@rockfordil.gov
dawn.granath@rockfordil.gov
franklin.beach@rockfordil.gov
jaime.salgado@rockfordil.gov
gina.meeks@rockfordil.gov
tamir.bell@rockfordil.gov
mark.bonne@rockfordil.gov

* If you are unsuccessful in getting Alderman approval please let us know, so we can make contact*



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GENERAL EVENT INFORMATION

**PLEASE COMPLETE THE ENTIRE APPLICATION AND TYPE OR PRINT LEGIBLY.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Name of Event: _____

Location and/or Address of Event: _____

Date(s) of Event: _____ Hours of Event: _____

Event Coordinator Name: _____ Phone: _____

Event Coordinator Email: _____

Type of Event: (please check all that apply)

Athletic/Recreation (5K,10K, Walk-A-Thon, etc.)

Peaceful Protest

Neighborhood Event

Food Truck Festival

Farmer's Market/Outdoor Market

Fundraiser

Parade

Holiday Festival

Other (please explain) _____

Is the event being held on City-Owned Property? YES _____ NO _____

Set-up Date: _____ Set-up Hours: _____

Dismantle Date: _____ Dismantle Hours: _____

Anticipated # of: Participants _____

Spectators: _____

Staff/Volunteers: _____

Is this an annual (recurring) event? Yes _____ No _____

If so, how many years? _____

Describe the event's community and/or cultural benefit:



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GENERAL EVENT INFORMATION

SPONSORING ORGANIZATION INFORMATION

Name of Sponsoring Organization: _____

Is this Organization a not-for-profit? YES NO

If yes, attach proof of not-for-profit status to this application

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Contact Person: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

On-Site Event Coordinator: _____

Please check here if same as contact person

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Additional Coordinator: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Additional Coordinator: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____



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FOOD VENDOR INFORMATION FOR 1 TO 2 VENDORS



*** FOOD VENDOR INFORMATION*** (must be submitted no later than 21 days before the event)

Is food being provided or sold at the event? YES NO

of Food Vendors: _____

Please provide the following information **FOR EACH VENDOR**

Name of Vendor/Restaurant/Food Truck: _____

City of Rockford Business Tax I.D. # _____

Business Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Business email address: _____

Type of Food Service: Mobile Unit (Food Truck) Table/Tent Set-up

Date of last APPROVED City of Rockford Fire Dept. inspection: _____

Name of Vendor/Restaurant/Food Truck: _____

City of Rockford Business Tax I.D. # _____

Business Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Business email address: _____

Type of Food Service: Mobile Unit (Food Truck) Table/Tent Set-up

Date of last APPROVED City of Rockford Fire Dept. inspection: _____

It is the responsibility of the event coordinator to ensure that the business selling goods is in compliance with **Finance – Local Sales Tax Section**. Failure to do so could result in vendor not taking part in event. Please contact LocalSalesTax@rockfordil.gov or (779)348-7165 for additional information.

*Winn. Co. Health Dept. may also require permits from food vendors for a special event



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FOOD VENDOR INFORMATION

IF MORE THAN 2 FOOD VENDORS ARE ATTENDING



*** FOOD VENDOR INFORMATION*** (must be submitted no later than 21 days before the event)

Please provide the following information **FOR EACH VENDOR**

Name of Vendor/Restaurant/Food Truck: _____

City of Rockford Business Tax I.D. # _____

Business Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Business email address: _____

Type of Food Service: Mobile Unit (Food Truck) Table/Tent Set-up

Date of last APPROVED City of Rockford Fire Dept. inspection: _____

Name of Vendor/Restaurant/Food Truck: _____

City of Rockford Business Tax I.D. # _____

Business Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Business email address: _____

Type of Food Service: Mobile Unit (Food Truck) Table/Tent Set-up

Date of last APPROVED City of Rockford Fire Dept. inspection: _____

It is the responsibility of the event coordinator to ensure that the business selling goods is in compliance with **Finance – Local Sales Tax Section**. Failure to do so could result vendor not taking part in event. Please contact LocalSalesTax@rockfordil.gov or (779)348-7165 for additional information.

*Winn. Co. Health Dept may also require permits from vendors for special events

Procedures for Vending on City Property and/or at Events

1. Must obtain Winnebago County Health Department Certifications.
2. Passed an Annual Fire Inspection.
3. Must be registered and current with City of Rockford Local Sales Tax Collection.
4. Comprehensive General Liability Insurance policy in the amount of \$1,000,000, naming the City of Rockford as additionally insured is required. (The event can carry this)
5. Complete any necessary permit applications.



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CORspecialevents@rockfordil.gov



Fire Department Requirements

All food trucks shall be inspected by the Rockford Fire Department's Fire Prevention Division no less than on an annual basis and must contain the applicable fire equipment as follows:

If the unit contains a griddle, grill, deep fryer or open flame:

- Class K Fire Extinguisher, Ansul R-102 or Class K Fire Suppression System, 10lb. Class ABC Fire Extinguisher.
- A functioning ventilation or hood exhaust system.

If the unit uses a generator:

- The generator must be a minimum of ten (10) feet from any buildings, other vehicles, and away from public access.
- No fuel or gasoline may be stored on or near the unit (for the generator).

This is not an all-inclusive list. Other regulatory items shall also be followed as governed by the State of Illinois, City of Rockford, and the Winnebago County Health Department

For More Information on Fire Dept. requirements please go to:

<https://rockfordil.gov/743/Food-Truck-Inspections>



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SOUND AMPLIFICATION

Starting/Ending time of amplification: _____

Type of outdoor amplification:

PA System

DJ

Live Band

Other _____

How the system will be controlled _____

Is the property within 300 feet of the property line of any Hospital, Church, School or Courthouse?

Yes

No

If yes, name and address of institution:

Name of musical group(s) or DJ performing: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Phone: _____

Please check box after reading ordinance

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 **10:00 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

Return Applications to: City of Rockford, Special Events, 6th Floor, 425 East State Street, Rockford, IL 61104

or email corspecialevents@rockfordil.gov



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GENERAL EVENT INFORMATION

SECURITY PLAN



*Please be advised that the Police will review each event application, and must approve of your security plan. You may be required to adjust your security plan based on the review

Will you be hiring City of Rockford Police Officers for security? YES NO

If no, complete the following information. If using private security, they **MUST** have a State of IL License #

Security Contact Person: _____

(person within the Sponsoring Organization for the Police Department if they have questions regarding security/safety of the event)

Phone: _____ Email: _____

Security Contact Day of Event (if different from above): _____

Phone: _____ Email: _____

Name of Licensed Security Company: _____ **License #:** _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Number of Security Personnel per Shift: _____ Will alcohol be served? Yes No

MEDICAL PLAN



Medical Contact Person: _____

(person within the Sponsoring Organization for the Fire Department if they have questions regarding safety of the event)

Phone: _____ Email: _____

Will Emergency Medical Services be summoned through 911 only? YES NO

Will you be hiring City of Rockford Fire Department for EMS Services?

Services must be requested 30 days prior to event. Please contact the RFD at 779-348-7171 with any questions. YES NO

If no, complete the following information:

Name of Licensed EMS Provider: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Number of EMS Personnel per Shift: _____ # Expected Attendance: _____



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FIRE PREVENTION



Will this event be outdoors? YES NO

Will the event utilize any structures, including tents? YES NO

If answered yes, please provide the size of each structure:

Will there be any cooking or warming of food on location? YES NO

Please list the equipment/devices that will be used: _____

What types of fuel will be used? Propane natural gas charcoal dry seasoned firewood

Please describe the methods that will be used to properly secure the fuel sources and keep away from potential hazards.

Will you request the use of pyrotechnics? YES NO

Pyrotechnics of any kind will require a separate permit. All pyrotechnics allowed under State of Illinois still requires a City of Rockford permit.

Will you request the use of any type of bonfires, or recreational fires? YES NO

If answered yes, additional permits are required.

Will you have established seating for over 50 people in a single location? YES NO

MANDATORY Please provide a detailed emergency evacuation plan for your event that addresses the following items, at a minimum:

- How will the event staff communicate if there is any type of injury or incident
- How will the staff communicate to your patrons about an emergency situation
- In the event of sudden in climate weather or incident (lightning, tornado, flash flooding, active shooter, other large incident) where will you direct patrons for shelter and safety

Please contact the Fire Prevention Division at 779-348-7172 to schedule a site inspection before the event



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STREET CLOSURES



Please indicate below (use additional pages if necessary) what street closures are being requested.

Street Name: _____ between _____ and _____

Date: _____ Time: Starting _____ Ending _____

Street Name: _____ between _____ and _____

Date: _____ Time: Starting _____ Ending _____

Street Name: _____ between _____ and _____

Date: _____ Time: Starting _____ Ending _____

Street Name: _____ between _____ and _____

Date: _____ Time: Starting _____ Ending _____

THE FOLLOWING ITEMS MUST ACCOMPANY THE STREET CLOSURE REQUEST:

1. Site Map (location of barricades, closed streets/public right-of way and/or the parade/run/bike route, if applicable, must be (**CLEARLY MARKED**)).

TRAFFIC CONTROL PLAN



Traffic Control Company: _____

Phone: _____ Email: _____

Please explain the proposed traffic control for this event: _____

Expected attendance _____

Will you be hiring City Police Officers for traffic control? YES NO

Please complete the following:

Date(s) Officers Needed: _____

Time of Traffic Control: Start: _____ End: _____

Location of Traffic Control: _____

THE TRAFFIC CONTROL PLAN MUST BE ON THE SITE MAP

****Barricades are required for all street closures. Event organizers are responsible for securing the barricades, and for all barricade costs****



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COMPREHENSIVE SITE MAP

MANDATORY



*Please use the Comprehensive Site Plan to illustrate the layout of your event. **Including Social Distancing**
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)



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TERMS AND CONDITIONS / HOLD HARMLESS



PLEASE CHECK BOXES

I agree that the information in this application is true and correct to the best of my knowledge.

I understand the City of Rockford may close my event should we violate City Ordinances, or deviate from the defined, permitted activity.

I agree to promptly reimburse the City for costs associated with City services.

I agree to inform the City of any changes to this application.

I acknowledge that the Event does not owe any monies to the City

I agree to the requirements and conditions listed on page 2 of this application.

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being issued a permit to hold a special event including placing an encroachment on the City Right Of Way, as that term is defined in the Rockford Code of Ordinances as they now exist or may hereafter be amended, the undersigned as a duly authorized agent for the business to whom said permit is being granted, agrees, both for himself and on behalf of said business, to indemnify, defend and otherwise hold harmless the City of Rockford and its employees, by any and all persons for any injury or claim arising out of the creation, existence or operation of or any activity in any way related to the creation, existence, or operation of the event or encroachment for which said permit is issued.

The undersigned further agrees both for himself and the business to whom said permit is issued, to indemnify, defend and otherwise hold harmless the City of Rockford and its employees, against any and all claims, damages and liabilities which may be asserted against the City of any of its employees, by and all persons in connection with any claim or injury arising from the condition of any public property which composes or is adjacent to any public property which composes part or all of the area, to be used or otherwise occupied, for the purpose of operating festival power pursuant to said permit

Signature of Organizer

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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TENT/CANOPY/CARNIVAL APPLICATION

* Sections I-V must be completely filled out if applicable to your event *

I do not need a Tent/Canopy/Carnival Permit for my event



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: Tent(s) Canopy(ies) 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/canoopy have electrical equipment? Yes No If yes, please explain:

COMPLETED BY STAFF	Occupant load: Tot. SF div. by	occ/sf =	occ/s	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
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* Tent Contractor must a have a current Erector's License on file with the City of Rockford



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TEMPORARY SIGN PERMIT APPLICATION

* This section must be completely filled out if applicable to your event*

I do not need a Banner Permit for my event



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** **INFLATABLE SIGN** (circle/check 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/check 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** ***



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CONTRACTOR'S APPLICATION FOR ELECTRICAL PERMIT

Sections I-III must be completely filled out if applicable to your event

I do not need an Electrical Permit for my event



I. Project/Event Information

Event Address	Zip		
Event Name			
Organizer's Name	Phone		
Email			
Organizer's Address	City	State	Zip

II. Contractor Information (City of Rockford registration required)

Company	Registration #:
Address	
Contact Person	Email

III. Description of Work

SERVICE **Temporary** **Generator** _____ **Amps**

DESCRIPTION OF WORK

Requested Inspection Date:
(please give 24 Hr. Notice) _____ Time Preference: AM PM

ALL INFORMATION MUST BE FILLED OUT FOR THE APPLICATION TO BE CONSIDERED COMPLETE

Applicant's

Signature X _____ **Date** _____

- All electricians must have a current Electrical Registration on file
- All generators and temporary service panels used are required to be set-up by an Electrical Contractor licensed with the City per City Requirement and the Electrical Code.
- The generators, temporary service panels, circuits with breakers, extension cords, and protective covers need to comply with the Electrical Code.

Return Applications to: City of Rockford, Special Events, 6th Floor, 425 East State Street, Rockford, IL

61104 or email corspecialevents@rockfordil.gov



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APPLICATION FOR TEMPORARY LIQUOR PERMIT



Type and Fee Per Day	Nature of applicant	Type of Property	Open to the Public
Civic Engagement Permit \$68.00	Civic engagement organization, foundation or similar entity	Private property/ Public property	Yes if on public property
Not-for-Profit Permit \$33.00	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 \$33.00	Local government entity on premises owned/leased by government entity	Public property	Yes
Commercial Event Permit \$185.00	Individual, partnership or corporation. Includes caterers not licensed by the City of Rockford	Private property	Yes
Promotional Event \$ 68.00	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 additionally insures, and listing the City of Rockford, Legal Dept, 425 E. State St., Rockford, IL as the certificate holder.
2. Indicate the exact area where alcohol will be sold on the Comprehensive Site Map
3. A description of security measures to control area (i.e. fences, barricades, security personnel) as well as a detailed plan describing procedures for carding/ID'ing and the prevention of over-consumption of alcohol.
4. Proof of status of applicant (i.e. articles of incorporation, tax exempt number, or 501c3 paperwork)
5. Proof of BASSET training compliance. Training info may be found at www.illinoisbassetcertification.com
6. Special Event Application not received 60 days prior will be subject to a \$200 late fee
7. Alcohol vendor must be in good standing with the City of Rockford.
8. *Additional liquor permits MAY be required by the State of Illinois pursuant to 235 ILCS 5/5-1 (e) or (q)*

Type of Permit

I am not serving alcohol at my event

Civic Engagement

Not-for-Profit

Government

Commercial

Promotional

Vendor Name: _____ **City of Rockford Business #:** _____

Open to the Public? **Yes** **No** **Private Property** **Public Property**

Event Contact Person: _____ **Event Contact Phone:** _____

It is the responsibility of the event coordinator to ensure that the business selling liquor is in compliance with **Finance – Local Sales Tax Section**. Failure to do so could result in the removal of the vendor(s). Please contact LocalSalesTax@rockfordil.gov or (779)348-7165 for additional information.

Return Applications to: City of Rockford, Special Events, 6th Floor, 425 East State Street, Rockford, IL 61104

or email corspecialevents@rockfordil.gov