



Permit #

Date _____

APPLICATION FOR A SPECIAL EVENT PERMIT

Please submit the application no less than 45 days, and no more than 6-months, prior to the event.

Event Name: _____

Event Location: _____

Event Dates: _____

Event Start Time: _____

Event End Time: _____

Applicant/Sponsor Organization: _____

Address: _____

Principle Contact Name: _____ Phone: _____ E-mail: _____

Secondary Contact Name: _____ Phone: _____ E-mail: _____

Event Day On-Site Contact Name: _____ Phone: _____

Please tell us about your event:

Hours of operation: _____

Activities planned: _____

Signage (dimensions, quantity, location, etc.): _____

Traffic/parking plan: _____

Contingency plans for rain: _____

Plans for toilet facilities: _____

Is your event for a non-profit organization?

____ Yes, I have provided proof of non-profit status

____ No, I'm paying the \$50 fee

Is your event a race/run/walk?

____ Yes, I have attached a detailed site plan for the route

____ No

Is your event a parade or includes a parade?

____ Yes, I have reviewed and will comply with all Parade Regulations and have included Parade Request Form

____ No

Do you own the property where the event is taking place?

____ Yes

____ No, the property owner/agent provided written consent

Is any part of your event taking place on Village property?

____ Yes, I have attached Liability Insurance and the Village of Shabbona is listed as an additional insured in the amount of \$1,000,000

____ No, I have attached Organization Liability Insurance Certificate

Will there be alcohol at your event?

____ Yes, I have attached the liquor license information including the release/indemnification forms, a copy of the liquor license or application for not-for-profit liquor license, and certificate of liquor liability
____ No

Will there be vendors selling merchandise, food, and/or beverages at your event?

____ Yes, I have attached a list of all event vendors
____ No

Will your event have food trucks?

____ Yes, I have attached a detailed list of all participating food trucks, including contact name(s), phone number(s), and email address(es), and notified all participating food trucks of the Mobile Food Vendor permit requirement and tax collection
____ No

Will your event require Village Assistance?

____ Yes, I request the following: _____
____ No

Will your event require any road closures?

____ Yes, I have (or will) properly notify all impacted residents/businesses and, if necessary, IDOT. A site plan is included for requested road closures.
____ No

Will your event have any signs?

____ Yes, I have included a site plan showing the sign location(s) as well as Property Owner/ Authorized Agent Consent
____ No

**Applicant has read and agrees to all regulation set forth in the
Village of Shabbona's Special Event Permit Guidelines:**

Applicant Signature: _____ Date: _____

Approved by: _____ Title: _____

Approver Signature: _____ Date: _____

For Village Office Use Only:

____ \$50 Special Event Permit Fee OR ____ Not-for Profit **NO FEE**

Date Received by Village Clerk _____ Next Scheduled Board Meeting _____

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Application | ____ Liquor Application or License |
| <input type="checkbox"/> Event Map/Parade Route | ____ Proof of Not-for-Profit status |
| <input type="checkbox"/> Insurance Certificate | |

Permit Issued on _____ via Primary Contact's Email _____

Date Permit Issued _____