

CITY OF CREST HILL  
1610 Plainfield Road  
Crest Hill, IL 60403  
(815) 741-5100

Raymond R. Soliman, MAYOR

Vicki Hackney, CITY CLERK

Amusement Application for Special Events

**A. APPLICANT AND PROPERTY OWNER INFORMATION:**

Event Name: \_\_\_\_\_ Event Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Property Owner's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Registration Completed: YES NO Not Required: \_\_\_\_\_

**B. CONTACT PERSON FOR THE SPECIAL EVENT:**

Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**C. DESCRIBE THE TYPE OF EVENT: (TENT OR SIDEWALK SALE, FUNDRAISER, CARNIVAL, CIRCUS, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

**D. DESCRIBE WHERE ON THE PROPERTY THE SPECIAL EVENT WILL BE LOCATED: (ATTACH SITE PLAN)**

\_\_\_\_\_

\_\_\_\_\_

**E. HOURS AND DAYS OF OPERATIONS:**

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

**F. ANTICIPATED SIZE OF THE CROWD:**

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Will there be a parade: YES NO

**G. ELECTRICAL CONTRACTOR INFORMATION:**

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**H. INSURANCE REQUIREMENT:**

Does the Applicant have General Liability Insurance: YES NO

Please provide a copy of the insurance along with this application.

**I. WILL THE SPECIAL EVENT CONTAIN ANY OF THE FOLLOWING:**

TENTS OR CANOPY'S YES NO

(If yes, please list the number of structures and exact size and location. These need to be included on the site plan as well. If the tent is larger than 120 square feet you will also need a building permit to proceed.)

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LIQUOR LICENSE YES NO

(If yes, has the license been properly applied for?) YES NO

Please provide information for beer and alcohol sale: \_\_\_\_\_

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FOR PROFIT VENDORS YES NO

(If any, other than the business at location of event, provide a list of vendors and sales tax numbers (to verify that sales tax is collected and remitted) to be provided prior to the event.)

NEED FOR SPECIAL CONSIDERATION FOR CITY PROVIDED SERVICES YES NO

(Traffic control, police, public works, etc.)

(If yes, please provide a list of what services you are requesting and why it would be needed.)

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TEMPORARY SIGNS      YES                      NO  
(If yes, please see requirement for temporary signs in Section J of this application)

MUSIC (LIVE MUSIC, BAND OR DJ)      YES                      NO  
(If yes, please describe the type of music and the dates and times the music will be provided for the event.)

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**J. SUBMITTAL REQUIREMENTS:**

SITE PLAN for the event must be submitted with the following information:

- An accurate plot of the entire lot on which the use will be located.
- Location of buildings, parking lots, driveways and all temporary structures for the event.
- An accurate, dimensioned location on the site plan of all freestanding (including directional) signs proposed, showing compliance with required vision triangles from street or driveway intersections.

TEMPORARY SIGNS requested for the event must be submitted with the following information:

- An accurate description of each and every temporary sign utilized for the event including proposed location and dimensions of each sign and type of sign. (banner, free standing, etc.)
- An accurate, dimensioned location on the site plan of all freestanding (including directional) signs Proposed showing compliance with required vision triangles from street or driveway intersections.

**TEMPORARY/PORTABLE SIGN PERMITS ARE REQUIRED. (\$25.00 FEE FOR TEN (10) DAYS)**

**K. AUTHORIZATION OF APPLICATION**

I hereby apply for a Special Event Permit and I acknowledge that the information above is complete and accurate. I believe to the best of my knowledge that the proposed Special Event will not violate any portion of said code. I understand that my Amusement License for the Special Event may be revoked by the Administrative Official if I fail to comply with all of the provisions herein. As an Applicant, I understand that site visits to the property are necessary by City representatives in order to process this application and the owner authorizes City representatives to visit and photograph the property if necessary. I understand this is not a permit but only an application for the permit and that work is not to start without a permit. I also understand that as the Applicant, it is my responsibility to obtain all other permits or licenses required by any applicable regulatory agencies for this Amusement Application prior to the event date.

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APPLICANT'S SIGNATURE

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DATE

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PROPERTY OWNER'S SIGNATURE

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DATE

**\*\*\*\*\*FOR CITY HALL USE ONLY\*\*\*\*\***

CITY CLERK APPROVAL:	YES	NO	N/A or N/R
FIRE DEPARTMENT APPROVAL: (Shall determine whether the applicant does or will conform to the Fire Dept. prevention laws.)	YES	NO	N/A or N/R
POLICE DEPARTMENT APPROVAL: (In cooperation with the traffic engineer and the law department, shall determine traffic control requirements and shall determine whether the laws of the City shall be observed.)	YES	NO	N/A or N/R
BUILDING DEPARTMENT APPROVAL: (Shall determine whether the applicant has or will comply with the zoning and setback laws of the City.)	YES	NO	N/A or N/R
PLUMBING INSPECTOR APPROVAL: (Shall determine the necessity and adequacy of sanitary facilities in cooperation with the Health Dept.)	YES	NO	N/A or N/R
HEALTH DEPARTMENT APPROVAL: (Shall ascertain that the applicant has made adequate arrangements for the disposal of garbage ad refuse and that the disposal conforms to the laws of the City and Will County.)	YES	NO	N/A or N/R

License #: \_\_\_\_\_

License Class: \_\_\_\_\_

License Fee \$: \_\_\_\_\_