

**CITY OF CHILLCOTHE  
NOTICE FOR SPECIAL EVENT HELD  
ON PUBLIC PROPERTY**

**APPLICANT:**

NAME, ADDRESS, PHONE #: \_\_\_\_\_

IS APPLICANT A NON PROFIT ORGANIZATION: Y / N

**DESIGNATED REPRESENTATIVE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**EVENT INFORMATION**

EVENT DATE: \_\_\_\_\_

OPERATING HOURS: \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PUBLIC BENEFIT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATIONS(S) DESIRED: \_\_\_\_\_

\_\_\_\_\_

STREET CLOSINGS DESIRED: \_\_\_\_\_

\_\_\_\_\_

ESTIMATED NUMBER OF MERCHANTS, VENDORS, ECT..EXPECTED: \_\_\_\_\_

CARNIVAL RIDES: Y / N

WATER SERVICE REQUIRED: Y / N

ELECTRICITY REQUIRED: Y / N

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**THIS NOTICE MUST BE SUBMITTED TO THE CITY CLERK FOR COUNCIL APPROVAL 30 DAYS  
PRIOR TO THE EVENT DATE LISTED ABOVE AND A CERTIFICATE OF LIABILITY INSURANCE  
NAMING THE CITY ADDITIONAL INSURED FOR THE EVENT PERIOD MUST BE ATTACHED**

I, the undersigned, hereby request the usage of the public property and or parks as described above. My signature indicates that I have read, understand, and agree to all of the provisions and regulations for using said public property and/or park(s) detailed in, Chapter 10, Article II, of the City of Chillicothe code book. If I am representing a club or organization, my signature indicates that the club or organization also understands and agrees to these provisions.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date Received

# **APPLICANTS RESPONSIBILITIES FOR SPECIAL EVENTS HELD ON PUBLIC PROPERTY AND/OR PARK GROUND**

## **SPECIFIC GUIDELINES**

It is the responsibility of the applicant, or designated representative for the applicant of a special event, to be held on public property to provide the following:

1. Sanitation services including trash receptacles or containers, trash disposal, and temporary restroom facilities.
2. Registration, coordination, and licensing of vendors, peddlers, and exhibitors, when applicable.
3. A list of vendors to be turned in to the City Clerk no later than fifteen (15) days after the event.
4. Acquisition, placement, and removal of fencing, tents, and barricades.
5. Proof of liability insurance naming the City of Chillicothe additional insured for the event period must be attached to the request form.
6. Hookup of booths and attractions to the City electrical and water services are to be performed by a technician approved by the City.
7. Site cleanup during and at the conclusion of the event.
8. Any and all repairs to city owned property if damaged or vandalized.

## **GENERAL GUIDELINES**

All pets and animals must be properly leashed and attended at all times as provided in Chapter 14, Article I, of the City Code book of Chillicothe, Illinois.

No alcoholic beverages are allowed in any park or on any public grounds of the City.

The City attempts to have several refuse barrels available in its= parks at all times. It is the applicant's responsibility to empty these barrels. If desired, the applicant may make arrangements for larger refuse containers. If containers are not available, the event sponsor is responsible to dispose of any and all refuse in proper fashion during and at the conclusion of the event.

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**The City of Chillicothe reserves the right to modify this procedure at any time as required.**

**CITY OF CHILLCOTHE**  
**LIST OF VENDORS OR PEDDLERS IN CONJUNCTION WITH SPECIAL EVENT**

EVENT DATE: \_\_\_\_\_ EVENT APPLICANT: \_\_\_\_\_

Please provide as much of the following information as possible regarding any vendor that will be selling their wares in conjunction with the special event listed above. **This form must be submitted to the City Clerk no later than 15 days after the event date listed above.**

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
IL. BUSINESS TAX NO. (IBT): \_\_\_\_\_  
TRADE/RESPONSIBILITY DURING EVENT: \_\_\_\_\_