



CITY OF CHILLICOTHE

908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523 (309)274-5518

APPLICATION FOR SPECIAL EVENT HELD ON PUBLIC PROPERTY

Applicant's Name:	
Club/Organization/Business Name: 501C3 Not For Profit: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:	
Phone:	Email:

Brief description of the event:

EVENT NAME:	
LOCATION OF EVENT:	
EVENT DATES:	EVENT HOURS:
STREET CLOSINGS:	
NUMBER OF MERCHANTS, VENDORS, ECT..EXCPECTED:	
CARNIVAL RIDES: Yes <input type="checkbox"/> No <input type="checkbox"/>	ELECTRICITY REQUIRED: Yes <input type="checkbox"/> No <input type="checkbox"/> WATER REQUIRED: Yes <input type="checkbox"/> No <input type="checkbox"/>

OPEN CONTAINER REQUEST: Yes No (IF YES COMPLETE BELOW)

(Possession and consumption of alcoholic liquor outside the premises of licensed establishment)

LIQUOR LICENSE ESTABLISHMENT(S) WITHIN EVENT AREA AND CLASSIFICATION OF LIQUOR LICENSE HELD BY ESTABLISHMENT(S):	
ARE THE EVENT DATES AND HOURS SAME AS ABOVE: Yes <input type="checkbox"/> No <input type="checkbox"/> If no please list event dates and hours:	
PROOF OF LIABILITY INSURANCE: ATTACHED <input type="checkbox"/> ON FILE WITH CLERK <input type="checkbox"/>	SECURITY PLAN MUST BE ATTACHED OUTLINING THE SECURITY ARRANGEMENTS FOR THE EVENT FEE OF \$45.00 HOURLY PER OFFICER WILL BE CHARGED BASED ON HOURS OF THE EVENT

THIS NOTICE MUST BE SUBMITTED TO THE CITY CLERK FOR COUNCIL APPROVAL 30 DAYS PRIOR TO THE EVENT DATE LISTED ABOVE TOGETHER WITH A CERTIFICATE OF LIABILITY INSURANCE WHICH INCLUDES LIQUOR LIABILITY INSURANCE AND SECURITY PLAN.

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 provision 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 OF APPLICANT

DATE: _____

*******VALIDATION AREA *******

Certificate of Liability

List of Vendors for event

Date Received by City Clerk: _____

Date to Police Chief Scott Mettillie: _____

Date to Public Safety Committee: _____

*******VALIDATION AREA *******

Security Plan

Fee for Security _____

Date Security Plan/Fee approved by Police Chief Scott Mettillie: _____

*******APPROVAL *******

Date approved by City Council: _____

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.

OPEN CONTAINER GUIDELINES

Must present a security plan

Applicant shall pay all costs of carrying out the security plan (fee \$45.00 hourly per officer)

Alcoholic liquor may be possessed and consumed only in specifically designated area requested, must be purchased from the holder of a Class A, C or D liquor license located immediately adjacent to said area and must be in paper, plastic or metal containers.

All entrances to the area in which alcoholic liquor will be possessed and consumed shall be attended at all times. At least one emergency exit shall be provided.

Adequate measures shall be taken for the following:

Prevent removal of alcoholic liquor from designated area, prevent alcoholic liquor from being carried in to the area other than from licensed establishments and to constrict noise to the appropriate area

Any other guidelines outlined in Chapter 10 Article II of the City Code

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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: \_\_\_\_\_