



PLANNING & ZONING DEPARTMENT
255 S. Lincoln Avenue, 2nd Floor
O'Fallon, IL 62269
Ph: (618) 624-4500 x4
Fax: (618) 624-4534

Attach proof of not-for-profit status
OR
Provide \$50.00 application fee

APPLICATION FOR A SPECIAL EVENT PERMIT

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

Location of Event: \_\_\_\_\_

Name of Event Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of person in charge of event (applicant) and mailing address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Beginning Date / Times: \_\_\_\_\_ Ending Date / Times: \_\_\_\_\_

THE FOLLOWING INFORMATION (WHERE APPLICABLE) MUST BE PROVIDED IN WRITTEN FORM BEFORE APPLICATION WILL BE PROCESSED.

1. Narrative (including hours of operation; activities provided; signage including dimensions, quantity location; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; expected attendance; etc).

2. Sketch plan of site.

[ ] ATTACHED [ ] NOT APPLICABLE

3. Permission letter from property owner, if applicant is not the property owner.

[ ] ATTACHED [ ] NOT APPLICABLE

4. Proof of not-for-profit status.

[ ] ATTACHED [ ] NOT APPLICABLE

5. Proof of Liability Insurance should be provided and if event is held City property, City of O'Fallon, should be named as an additional insured in the amount of One Million Dollars (\$1,000,000).

[ ] ATTACHED [ ] NOT APPLICABLE

6. Damage bonds or cash deposit to protect City facilities (this would be mainly for out-of-town sponsors) in the amount of \$300,000.

[ ] PAID [ ] NOT APPLICABLE

7. Liquor license information for beer sales (including hours of sale): \_\_\_\_\_  
(Attach release/indemnification forms and a copy of the liquor license and certificate of liquor liability)

8. List for profit vendors and sales tax numbers (to verify that sales tax is collected and remitted) to be provided prior to event: \_\_\_\_\_

9. Special consideration requests such, as City provided assistance. (Fees may be charged for these services). **Please include specific considerations requested in narrative or as an attachment.**

NONE REQUESTED

Street Department, IDOT (for street closings, signalization, and detour routes)

Parks Department

Police Department

Fire and EMS Department

10. Coordinate all food concessions with St. Clair County Health Department at (618) 233-7769.

PERMIT REQUIRED (please attach copy)

NOT APPLICABLE

11. American Disability Compliance

ATTACHED

NOT APPLICABLE

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As part of the approval of this Special Event Permit, temporary signs for said Special Event shall be permitted as provided for in the City Sign Ordinance or as otherwise approved by the City Council.

Electrical inspections are required for all new exterior electrical connections. The City electrical inspector must be contacted a minimum of twenty-four (24) hours prior to inspection.

\_\_\_\_\_  
Signature of person in charge of event

\_\_\_\_\_  
Date of Submission

FOR OFFICE USE ONLY

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PLANNING & ZONING DIRECTOR ADMINISTRATIVE APPROVAL:    ( ) YES            ( ) NO

APPROVED PLANNING DIRECTOR & DATE \_\_\_\_\_

All other requests for "Special Events Permits" not approved by the Planning Director shall go before the City Council for their approval.

APPROVED: CITY COUNCIL \_\_\_\_\_(DATE)