SPECIAL EVENT PERMIT PROCEDURES
CITY OF O'FALLON, ILLINOIS

1. Customers may obtain an application from the Community Development Department or on the City of O'Fallon website. It is suggested that the applicant speak with a Planner at (618) 624-4500 x4 prior to submitting the application to review the requirements and determine if the permit can be approved internally or if it needs to be brought before the Community Development Committee and City Council. We request that the application be completed and submitted with all supporting documents and drawings at least one month prior to the event to ensure proper review is conducted by all departments to obtain approval.

2. "For-Profit" applicants will pay a $50.00 permit issuance fee to the cashier on the second floor. "Non-Profit" organizations will not be charged a fee; however, proof shall be provided of non-profit status at the time of application.

3. The applicant will be contacted by the Community Development Department to obtain additional information, inform applicant of the date and times of upcoming meetings where the permit will be discussed (if applicable), and to provide an estimated time for the permit to be processed. A letter will be sent from the Community Development Department detailing the final decision in regards to the permit and will outline any conditions that may be attached to the approval.

Details of the ordinance may be viewed at this link: Chapter 118: Special Events

Attach proof of not-for-profit status with application

OR

Provide $50.00 application fee with application

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

APPLICATION FOR A SPECIAL EVENT PERMIT

Event Name: _____

Location of Event: _____

Name of Event Organization: _____

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

_____

Phone:_____ E-Mail:_____

Secondary Contact Person: _____

Phone:_____ E-Mail:_____

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, etc…; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; expected attendance; etc...).

   ☐ ATTACHED

2. Sketch plan of site.

   ☐ ATTACHED

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

   ☐ ATTACHED ☐ NOT APPLICABLE

4. Proof of not-for-profit status (so that application fee can be waived.)

   ☐ 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

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 Applicant/ person in charge of event Date of Submission

FOR OFFICE USE ONLY
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ELIGIBLE FOR ADMINISTRATIVE APPROVAL? ( ) YES ( ) NO _____

ADMINISTRATIVE APPROVAL CONDITIONS:

APPROVED BY COMMUNITY DEVELOPMENT DIRECTOR & DATE _____

All other requests for “Special Events Permits” not approved by the Community Development Director shall go before the Community Development Committee and the City Council for their approval.

APPROVED: CITY COUNCIL _____(DATE)

NARRATIVE

Please include:

- hours of operation
- activities provided
- signage
    - dimensions,
    - quantity,
    - location, etc…
- traffic/parking plan
- contingency plans for rain
- plans for toilet facilities
- security plan
- expected attendance
- Any additional helpful information

<u>Narrative:</u>

SPECIAL EVENT

SALES TAX COLLECTION

- Event Promoter will create a list of all the Event vendors: name, address, phone #, email address, and IL Dept. of Revenue (IDOR) tax ID # (if available)
- Event Promoter will contact the IL Dept. of Revenue, Special Events Unit (847-294-4475) to register the event with the state
    - Provide a list of all vendors to the IL Dept. of Revenue
    - IDOR will provide the Event Promoter with a coupon form with the name, date, location of the special event and the appropriate sales tax rate and filing instructions (sample attached)
    - Once you receive the coupon, please forward a copy of the coupon along with a list of the Event vendors to:

      City of O'Fallon
      Finance Department
      255 South Lincoln
      O'Fallon, IL 62269
- All vendors should collect sales tax at the rate listed at the bottom of the coupon
- Within 10 days of the event, each vendor needs to report & remit sales tax to the IL Dept. of Revenue, Springfield IL (address listed on the coupon)

All questions should be directed to the IL Dept. of Revenue, Special Events Unit 847-294-4475

- <u>FOOD & BEVERAGE vendors</u>
    - In addition to the above, Food & Beverage vendors must add 1% to the tax rate listed at the bottom of the coupon. They should collect & remit that 1% of the prepared food & beverage sales receipts directly to the City of O'Fallon per Ordinance #3898 using the attached form

      City of O'Fallon
      Finance Department
      255 South Lincoln
      O'Fallon, IL 62269
      sevans@ofallon.org
      618-624-4500 ext 8723
    - O'Fallon vendors that already remit the Food & Beverage tax may do so through their normal form & process

Special Event Tax Collection Report and Payment Coupon

Form IDOR-6-SETR (N-6/07)

STATE OF Illinois DEPARTMENT OF REVENUE

Read this first

Exhibitors: All exhibitors making sales in Illinois are required to report and pay all tax due based on their total receipts within ten (10) days of the close of the exhibit. The current tax rate for the location of the special event is printed on the coupon to assist you in calculating your tax due. If you have questions, call us at (847) 294-4475.

Event coordinators: Please distribute this form to each exhibitor making sales at your special event.

Special Event Information

NAME OF SPECIAL EVENT

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

123 MAIN ST O FALLON IL
62269-2316

08200 165

00088-55808

Please complete the following coupon and send it with your payment to:

COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

Illinois Department of Revenue
Special Event Tax Payment Coupon

Form IDOR-6-SETR (N-6/07)

(133)

Mail completed form to:
COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

08200165

00088-55808

MM/DD/YYYY – MM/DD/YYYY

Step 1: Identify yourself

Business name: _____ Telephone no. (_____

Name: _____ Social Security no. ___-__-____

Address: _____ FEIN: __-_____

_____ <Other no.> _____

Step 2: Figure your tax due

Sales Related Taxes $ _____ X 0.0785 = $_____

Total receipts — Current Tax Rate for this Location — Amount tax due

005 005 000008855808 730 113015 1 0000000000000

CITY OF O'FALLON
FOOD and BEVERAGE TAX RETURN - SPECIAL EVENT
Ordinance #3898 (Effective 1/1/16)

Special Event Name: _____

Due Date: <u>10 Days Following the Event</u>

Business Name (DBA) Business Location	Payee Name (Corporate/Company) Mailing Address
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
Contact: _____	Contact: _____

COMPUTATION OF FOOD & BEVERAGE TAX LIABILITY

1. Taxable receipts from the sale of prepared food & alcoholic beverages	$_____
2. Deduct sales of non food & beverage items included on Line 1	$_____
3. Net Food & Beverage receipts (Line 1 less Line 2)	$_____
4. TOTAL Municipal Tax Liability Due (Line 3 * .01)	**$_____**

I hereby affirm that the information presented in this return is taken from the books and records of the above named business and is true and correct to the best of my knowledge.

_____ *Signature of Taxpayer* *Date*	_____ *Signature of Preparer* *Date*
_____ *Phone #*	_____ *Phone #*
_____ *Email Address*	_____ *Email Address*

- Make the check payable to: City of O'Fallon
- Mail this completed & signed form, the check and a copy of IL Dept of Rev Special Event Coupon:

City of O'Fallon
Finance Department
255 South Lincoln
O'Fallon, IL 62269
sevans@ofallon.org
618-624-4500 ext 8723