



404 N Wood Dale Road
Wood Dale, IL 60191
Phone: 630-787-3709
Fax: 630-766-3898

City of Wood Dale

SPECIAL EVENT PERMIT APPLICATION

THIS FORM MUST BE COMPLETED IN FULL & SUBMITTED 30 DAYS PRIOR TO THE EVENT

General Information

The Special Event Application is due to the City of Wood Dale a minimum of thirty (30) days prior to the event if it requires closure of public streets or use of public parking lots. The 30-day time period allows sufficient time to evaluate the request and provide a recommendation to the City Council for its consideration.

A special event is a sporting, cultural, business or other type of unique activity, occurring for a limited or fixed duration (one-time, annual) and presented to a live audience, that impacts the City of Wood Dale by involving the use of, or having impact on, the public realm (owned, leased or controlled by the City of Wood Dale). It usually occurs on the public realm but sometimes can 'spill over' from private property. Construction related permitting and film permits are not deemed special events.

Any questions regarding the Special Event application process should be directed to the City Clerk's Office at 630-787-3709.

Sincerely,

City Staff

Submittal Checklist:

- Completed and Fully Executed Special Event Application
- Intent to Meet Insurance Requirements
- Permits/Approval Letters
- Site Plan and/or Route Map
- Waiver and Hold Harmless Agreement
- Notarized Signature Page
- Event Flyer
- Certificate of Insurance
- Event Security Plan
- Approval Notices from Outside Entities, if applicable (Metra, DuPage County Forest Preserve, DuPage County Health Department, Illinois Department of Transportation – IDOT, etc.)

***** INTENT TO MEET INSURANCE REQUIREMENTS *****

Must be returned prior to application review by City staff

Prior to the issuance of a Special Event Permit, all organizations must present a certificate of insurance meeting the criteria listed below:

1. Required limits per IPRF are \$1 million dollars per occurrence and general aggregate no less than \$2 million for contractors/vendors.
2. *****PLEASE NOTE:** Under the box labeled "Description of operations/locations/vehicles/exclusions added by endorsement/special provisions", the following language must appear:
"The City of Wood Dale, its officials, agents, employees, and volunteers is/are named additionally insured. The additional insured is covered as respect to liability arising out of any work or activities performed on behalf of (company involved) for (event) (date, times (if applicable), location) No endorsements or additional forms modify or limit coverage provided to additional insured. Coverage provided to additional insured is primary as it relates to (event)".
3. Vendors shall furnish the additional insured endorsement (consult insurance professional; examples include but are not limited to forms CG 2010 or CG 2026) to support the certificate of insurance. The endorsement shall also name **"The City of Wood Dale, its officials, agents, employees, and volunteers"** as primary and non-contributory.
4. If applicable, vendor shall furnish the City with evidence of Worker's Compensation coverage with statutory limits.
5. The insurance provider will need to submit the Certificate of Insurance and supporting endorsement form preferably via email to Maura Montalvo at mmontalvo@wooddale.com to be considered an original document.

I, _____, representing _____
(print name of authorized person) **(organization)**

have contacted the appropriate insurance provider and acknowledge that the above insurance criteria can be met. I understand that the Special Event Permit Application will not be reviewed until this document has been signed and returned to the City of Wood Dale.

Signature: _____ Date: _____

Name of Event: _____ Date of Event: _____

APPLICATION – GENERAL INFORMATION

Applicant Name: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Address: _____

Name of Event: _____

Event Manager: _____

Event Manager Phone Number: _____

Description of the Event:

Purpose of the Event:

Organizations Legal Status (i.e. Partnership, Corporation): _____

Event Website: _____

Type of Event: Parade Walk/Run/Bike Carnival/Festival Other: _____

Is the event a fundraiser? Yes No

Location of Event: _____

Estimated Number of Attendees: _____

Is this an annual event? Yes No

If yes, provide next year's approximate date: _____

If the event is a recurring event, please state any problems and/or incidents that have occurred in past years, such as noise or neighborhood parking complaints:

If so, what will you do to rectify the problem this year:

Date(s)/Hours of Event:

Day 1: _____ from _____ to _____

Day 2: _____ from _____ to _____

Day 3: _____ from _____ to _____

Day 1: Set Up Time: _____ Dismantling Time: _____

Day 2: Set Up Time: _____ Dismantling Time: _____

Day 3: Set Up Time: _____ Dismantling Time: _____

Will you need police assistance for money count? If so, specify dates and time:

Emergency contact information (provide mobile numbers for on-site coordinators during event):

1st Contact: _____ Phone: _____

2nd Contact: _____ Phone: _____

Sponsor Information:

You may attach a separate page listing additional sponsors

Sponsor 1

Name: _____

Contact Information: _____

Website: _____

Sponsor 2

Name: _____

Contact Information: _____

Website: _____

Sponsor 3

Name: _____

Contact Information: _____

Website: _____

Vendor Information:

You may attach a separate page listing additional sponsors

Vendor 1

Name: _____

Contact Information: _____

Website: _____

Vendor 2

Name: _____

Contact Information: _____

Website: _____

Vendor 3

Name: _____

Contact Information: _____

Website: _____

PERMITS

Will your event include a carnival? Yes No

If yes, you must make contact with our Community Development Department at 630-766-5133 and complete the "Carnival List of Employees" form attached.

Will your event include the use of a temporary tent of 400 sq. ft. or larger in area with side curtains or 700 sq. ft. in area without side curtains? Yes No

If yes, you must make contact with our Community Development Department at 630-766-5133.

Will your event include temporary electrical generators (portable generators)? Yes No

If yes, you must make contact with our Community Development Department at 630-766-5133.

Will you be serving liquor at the event? Yes No

If yes, please attach the Class O liquor license application. The applicant must also obtain a Special Use Liquor License from the State of Illinois immediately after receiving approval from the City of Wood Dale.

Are you holding a raffle at your event? Yes No

If yes, please complete the attached raffle permit application.

Will you have an amplification system, band, or DJ at your event? Yes No

If yes, please complete the attached Loud Noise permit application.

Will the event require a street/sidewalk to be blocked or closed? Yes No

If yes, please include blockages/closures on your site plan.

Will the event require a County or State road to be blocked or closed? Yes No

If yes, please include your approval letter from the Illinois Department of Transportation (IDOT) and DuPage County.

Will your event include a fireworks display? Yes No

If yes, please include approval letters from the FAA and the Wood Dale Fire Protection District (WDFP Contact Information: 630-766-1147 ext. 5006 or lwalker@wdfd.org).

Will you be serving food at your event? Yes No

If yes, please include your approval letter from the DuPage County Health Department.

Other Special Requests:

SITE PLAN/ROUTE MAP

Please attach a separate sheet to illustrate the layout for your event.

You must include the following:

1. Location of streets surrounding event
2. Location of public entrances and exits
3. Planned street or sidewalk closures
4. Location and number of barricades
5. Location of tents
6. Location of electrical generators
7. Location of toilets
8. Location of hand washing sinks
9. Location of trash receptacles
10. Location of retail vendors
11. Location where liquor will be served
12. Location of first aid facilities
13. Location of fire extinguishers
14. Location of fire lane
15. Location of sound stages/amplified sound
16. Location of "No Firearms" signs
17. Location of Human Trafficking Notices
18. Parking and handicap parking layout

WAIVER AND HOLD HARMLESS AGREEMENT

In consideration of the _____ (name of organization) and its members, employees, volunteers or guests, being allow to participate in _____, (the Activity) the undersigned hereby recognizes, acknowledges, and assumes any and all risk pertaining to _____(name of organization) participation in the Activity.

To the fullest extent permitted by law, the _____ (name of organization) hereby agrees to defend, indemnify and hold harmless the City of Wood Dale, its officials, agents and employees, against all injuries, deaths, loss, damages, claims, suits, liabilities, judgments, cost and expenses (including attorney's fees), which may in anywise accrue against the City of Wood Dale, its officials, agents and employees, arising in consequence of _____ (name of organization) participation in the Activity, or which may in anywise result therefore, except that arising out of the sole legal cause of the City of Wood Dale, its agents or employees. The _____ (name of organization) shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefore or incurred in connections therewith, and, if any judgment shall be rendered against the City of Wood Dale, its officials, agents and employees, in any such action, the _____ (name of organization) at its own expense, satisfy and discharge the same.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

The undersigned represents it has full authority to execute this Waiver and Hold Harmless Agreement on behalf of the _____ (name of organization).

Agreed this _____ day of _____, 20_____

Name of Organization: _____

Print Name of Authorized Person: _____

Signature and Title of Authorized Person: _____

NOTARIZED SIGNATURE PAGE

The Organization and the authorized signatory below agree to inform the City of Wood Dale of any changes in the application at least thirty (30) days prior to the event. Please note: Final approval of this event is pending satisfactory completion of Certificate of Insurance requirements.

Signatory agrees to abide by all requirements of the Special Events Policy, including compliance with the State of Illinois Firearm Concealed Carry Act.

After submitting all forms, your application will be reviewed by City staff. You must make contact with the appropriate departments to obtain the desired permits. Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services or scheduling of other events. You may be asked to pay a fee for security measures handled by the Wood Dale Police Department.

The City of Wood Dale reserves the right to cancel any event at any time for reasons deemed necessary by the City Council and/or City Administrator.

Name of Organization: _____

Print Name of Signatory

Date

Signature of Authorized Signatory: _____

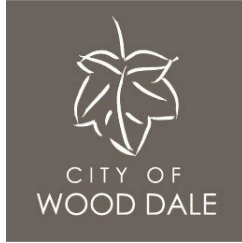
Notary Public: _____

Signed and sworn to before me this _____ day of _____ 20____.

Deliver all completed items to:
City of Wood Dale
Attn: Maura Montalvo, Deputy Clerk
404 N. Wood Dale Road Wood Dale, IL 60191

SECONDARY APPLICATIONS/FORMS

- Raffle License
- Loud Noise Permit
- Liquor License Application
- Carnival Applicants: List of Employees on Site
- State of Illinois Special Use Liquor License



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CITY OF WOOD DALE RAFFLE LICENSE

Name of organization: _____ Date: _____

Applicant Name & Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of organization incorporation: _____

Type of organization: Religious Labor Educational
 Charitable Fraternal Veterans
 Business Other (describe):

Describe type of raffle:

Describe the purpose of the raffle:

Describe the area within the City where the raffle will be conducted:

Date of raffle license: from _____ to _____

Maximum number of days for issuance of chances: _____

Date(s)/Time(s) and location(s) of selection/announcement of winning chance(s):

Retail value of each prize/merchandise and aggregate total to be awarded:

\$ _____

\$ _____

\$ _____

\$ _____

Total: _____

Maximum price to be charged for raffle chance: \$ _____

Name, age, and address of raffle operator (if not an officer or member of the organization):

I on oath state that I will not violate any of the ordinances of the City of Wood Dale or the laws of the State of Illinois or the United States of America in the operation of the Raffle described herein, that I have read and understand the "Raffles Act" and have reviewed the City of Wood Dale Raffles section of the City Code and that the statements contained herein are true and correct

Organization Officer: _____

Organization Secretary: _____

***** BOND MUST BE SUBMITTED, IN PERSON, TO THE CLERK'S OFFICE*****

Applicant must review State Statute and Local Ordinance:

https://codelibrary.amlegal.com/codes/wooddaleil/latest/wooddale_il/0-0-0-1138



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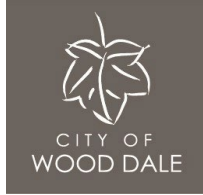
NOISE CONTROL PERMIT

1. Please provide one person over the age of 21 who will take responsibility for sponsoring this event:
Name: _____ Phone: _____
Address: _____
Date of Birth: _____
2. Will a stereo, amplifier device or band be used in this event? (circle one) YES NO
If yes, indicate type: _____

A noise control permit allows for temporary reprieve from the City code regarding the use of amplification devices such as those from a stereo, amplifier device or band after 7:00 p.m. However, this temporary period shall not extend past 10:00 p.m. The undersigned agrees to limit the use of a stereo, amplifier device or band from 7:00 p.m. to 10:00 p.m. under penalty of a fine as provided by the City Ordinance. Further, the undersigned agrees to discontinue use of stereo, amplifier device or band after receiving notification by the Police to do so. Any violations of these restrictions may result in a fine as provided by the City ordinance.

3. If this permit is approved in accordance with the City Ordinances, all sponsors will agree to abide by the restrictions and exemptions listed in the Ordinance.

Signature: _____ Date: _____



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Outdoor Event Temporary License (Class O)

(For 3 consecutive days, maximum)

Items to include with completed Application:

1. Completed Application Form
2. State of Illinois Special Use Liquor License
3. Fee of \$200 for beer and wine
4. Fee of \$350 per day for all liquor
5. Basset Training Certificate
6. Background Check Form

Name of Organization: _____

Supervisor/Contact Person: _____

Date(s)/Hours liquor will be served:

Day 1: _____ from _____ to _____

Day 2: _____ from _____ to _____

Day 3: _____ from _____ to _____

Beer and Wine only

All alcoholic beverages

Description of Event, Including any Unique Property or Valuables for Display:

Names of each type of media where event has been advertised:

I, the Applicant for the Class O, Outdoor Event Temporary License, understand the above requirements are the conditions under which the Liquor License is being issued and I affirm that said requirements will be satisfied during the entire duration of the Outdoor Event which is the subject of this License Application

Signature: _____ Date: _____



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BACKGROUND AND HISTORY FORM

Organization Name: _____

| | |
|-------------------------|------------------------|
| Name: | Gender Identification: |
| Address: | Phone: |
| | |
| Social Security Number: | Driver's License #: |

Position held with above named business: _____

___ Yes ___ No

Are you a citizen of the United States?

If you are a naturalized citizen, give date and place of naturalization:

___ Yes ___ No

Have you ever been convicted of a felony or Class A misdemeanor?

(If yes, give date, offense and jurisdiction on reverse side).

___ Yes ___ No

Have you ever been convicted of a violation of a liquor control law, i.e. sale,

delivery or giving away of alcoholic beverages to a person under 21 years of age?

(If yes, give date, offense and jurisdiction on reverse side).

___ Yes ___ No

If you are a seller or server of alcoholic beverages (or Manager of the business),

have you completed a State of Illinois certified Beverage Alcohol Sellers and Servers Education and Training Program? **(Attach a copy of Basset Certificate)**

I on oath state that I will not violate any of the ordinances of the City of Wood Dale or the laws of the State of Illinois or the United States of America in the operation of the place of business described herein, that I have read and understand the Wood Dale liquor control ordinances and that the statements contained herein are true and correct.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, in consideration of my application for a City of Wood Dale liquor license, do hereby authorize the release, review and full disclosure of all records concerning myself to the Wood Dale Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for obtaining a liquor license by the City of Wood Dale. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and full understand the contents of this "Authorization for Release of Personal Information". I understand that all information and documents turned over to the Wood Dale Police Department become the property of the Wood Dale Police Department and will not be returned to me.

Signature

Subscribed and sworn before me

_____ day of _____, 20__

Notary Public

