



CITY OF  
*Crystal Lake*  
ILLINOIS

## SPECIAL EVENTS APPLICATION

Please PRINT or TYPE

EVENT NAME \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

This application should be completed by the "Event Manager", who will be the main coordinator and contact person for the event. Completing the application form will give you a good idea of the types of arrangements, approvals and documents that will be necessary for your special event. Please complete as much of the following information as possible before turning in the application. Once the application is turned in, a staff liaison will be in contact with you who will guide you in completing the remainder of the application and fulfilling City requirements for the event.

*\*Please note that City Council approval may be required for certain special events/requests\**

### **GENERAL EVENT INFORMATION**

1. TYPE OF EVENT (Check all that apply)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Carnival    | <input type="checkbox"/> General use of City-owned property |
| <input type="checkbox"/> Circus      | <input type="checkbox"/> Parade                             |
| <input type="checkbox"/> Festival    | <input type="checkbox"/> Outdoor Sales                      |
| <input type="checkbox"/> Filming     | <input type="checkbox"/> Run/Walk Event                     |
| <input type="checkbox"/> Other _____ |   |

2. General Description/Purpose of the event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will the event require the use of City-owned property?  Yes  No

4. Is a Site Map/Route Map attached?  Yes  No

5. Is the event an annual/recurring event?  Yes  No

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

7. Will the event require use of a public parking lot?  Yes  No

8. Number of persons scheduled to monitor and work the event: \_\_\_\_\_

9. Estimated attendance: \_\_\_\_\_

10. Is a "rain date" proposed? Y  or N  If yes, what is the rain date? \_\_\_\_\_

## **ORGANIZATION INFORMATION**

11.  Organization is registered with the State of Illinois as a Non-Profit Organization

12. Name of Event Manager: \_\_\_\_\_

13. Contact Information for Event Manager:

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

\_\_\_\_\_

(Please check preferred means of contact)

Daytime phone: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **EVENT OPERATION**

14. Date(s) of the event (including time for assembling and/or dismantling support structures):

Set Up: \_\_\_\_\_

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

Dismantling: \_\_\_\_\_

15. Hours of the event:

Set Up: \_\_\_\_\_

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

Dismantling: \_\_\_\_\_

## **CITY MANAGER'S OFFICE**

16. Will the event hold a raffle of any kind?  Yes\*  No

**\*If yes, please complete attached Raffle License Application**

17. Is the Certificate of Insurance and Hold Harmless Agreement attached?  Yes  No

**\*Attached please see the City's insurance provisions (Required for all special events)**

18. Will alcoholic beverages be served or sold at the event?  Yes\*  No

If yes, what type of alcoholic beverages will be served?

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*\*Please complete the attached Temporary Liquor License Application*

## **COMMUNITY DEVELOPMENT**

19. Will the event require tents or temporary structures?  Yes  No
20. What signs or advertising do you anticipate needing for the event?
- Temporary community event signs  Yes  No
- Temporary neighborhood event signs  Yes  No
- Directional signs  Yes  No
- Banner  Yes  No
21. Will food be served or sold at the event?  Yes\*  No

*\*If yes, please contact the McHenry County Health Department and please provide the City with a copy of the approval from the McHenry County Health Department.*

22. Will the event include vendors selling products?  Yes  No
- Description of Products \_\_\_\_\_
23. Will the event require portable sanitation facilities?  Yes  No
- Name of Company \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_

24. Will the use of electricity be required for the event?  Yes  No

If yes, please specify the power requirements and plan for provision

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## **PUBLIC SAFETY** *Please remember to post the Firearm Concealed Carry Act sign*

25. Does this event require assistance from the Police Department?  Yes  No
26. Does this event require an on-site ambulance?  Yes  No
27. Will the event require sound amplification of any kind?  Yes  No

28. Please state what provisions have been made for first aid and emergency medical services, if any:

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**PUBLIC WORKS**

29. Will the event require barricades for traffic control?  Yes\*  No

*\*If yes, please complete the attached Barricade Borrowing Application*

30. Will the event require water?  Yes  No

Specify \_\_\_\_\_

Please remember to include the necessary attachments, if possible. (Please check those included)

- Barricade Borrowing Application
- Certificate of Insurance/Hold Harmless Agreement
- Raffle License Application
- Temporary Liquor License Application

The undersigned has read the foregoing application and knows the contents thereof, and affirms that the information is true and correct to the best of his/her knowledge, information and belief. For special events, the undersigned agrees to indemnify and hold harmless the City, together with its officers, agents, volunteers, and employees from all losses, damages, injuries, claims, demands and expenses arising out of, or as the result of, the operation of the event, the special City services provided for the event, and/or the permit issued for same, and/or the condition, maintenance and use of the public property in connection with the event, as well as for any injury to or sustained by a City employee, agent, or contractor in conjunction with the event authorized by the City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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**STAFF USE ONLY**

Assigned City Department: \_\_\_\_\_

Assigned City Staff Liaison: \_\_\_\_\_

Meeting with Event Organizer Required:  Yes  No

City Council Approval Required:  Yes  No