

2023

Liquor Only Special Event Application





City of Rockford, Illinois
Legal Department
City Hall, 7th Floor
425 East State Street, Rockford, IL 61104
Phone: 779-348-7154
www.rockfordil.gov

EVENT APPLICATION CHECKLIST

Thank you for submitting your application

*** Before you submit your application to the City of Rockford, please make certain that the following steps have been completed. Incomplete applications will not be processed.***

Have you?

- Signed and dated your application?
- Received Alderman's approval?
Attached your event site map with clearly marked street closures, barricades, tents, stage, food trucks, any other obstacles, and course routes?
- Attached your event security plan and emergency contingency plan (weather, etc.)?
- Provided a certificate of your insurance? \$1,000,000.00 General Liability Attached?
- Attach a copy of your event medical plan?
- Attach a copy of your event accessibility plan?
- Included letters of support or endorsement from impacted entities and community groups within your venue area?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship, and other entities?
- Attached a copy of your IRS 501 tax exemption letter and letter of intent from participating nonprofit, if applicable?
- Included your Special Event Liquor License application, Dram Shop Insurance.
- Included your payment?

* All applicants will be required to comply with all Executive Orders and mitigation plans in effect at the time of each event

* **Complete only those documents required for your Special Event.**

Please submit your completed permit application

to: City of Rockford
Attn: Special Events-Liquor Only
425 E. State St., 7th Floor Legal Dept.
Rockford, IL 61104
or email shelia.alexander@rockfordil.gov



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TERMS AND CONDITIONS

After submitting all forms, your application will be reviewed by the Legal Department. The completed application will be sent to all departments that will be involved in providing services or permits for the event. You will be notified if the event has been approved.

Please initial each box and sign below.

_____ The applicant must promptly reimburse the City for any and all damages of any kind to City property which may result from the use by the applicant of the City’s premises under the permission granted herein, and the applicant further agrees that it will not hold liable the City for, or in account of, any loss or damage to property owned by it or controlled by the applicant or for, or on account of, any loss or damage sustained by the applicant as a result of injuries to employees or agents of the applicant.

_____ I understand that I cannot assume that all aspects of the event will be approved; I may be asked to make some changes to my plan based on the availability of services, costs, and scheduling of other events.

_____ I understand that I should not advertise or make any other arrangements for our event until approval from the city has been received.

_____ I agree that within 30 days of receipt of invoice I will reimburse the city for costs associated with city services, police assistance, materials, equipment, etc.

_____ I understand that City of Rockford Ordinance Section 17-33 regulates noise between the hours of 10:00 p.m. and 7:00 a.m. and agree to comply with the same.

_____ I agree to inform the Special Events Coordinator of any changes in this application.

_____ I agree that the City of Rockford may close my event should we violate city ordinance, or deviate from the defined, permitted activity.

_____ I agree that the information in this application is true and correct to the best of my knowledge.

_____ I understand that I am liable for City incurred expenses for events which may be cancelled or postponed for any reason. Additionally, events plans are not transferable to a later date for events that have been cancelled for any reason.

_____ I agree to the terms and conditions listed above.

Event Coordinator Signature: _____ Date: _____



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FEES

All fees must be paid at the time of permit application and are **non-refundable**. Payment of fees does not guarantee permits will be granted.

TEMPORARY LIQUOR PERMITS (Refer to page 8 to determine type of event)

- CIVIC ENGAGEMENT EVENT _____ \$ 64.00 per day
- NON-FOR-PROFIT EVENT _____ \$ 31.00 per day
- GOVERNMENT EVENT _____ \$ 31.00 per day
- COMMERCIAL EVENT _____ \$ 175.00 per day
- PROMOTIONAL EVENT _____ \$ 64.00 per day

Liquor Only applications not received 30 days prior to the requested event will be subject to \$200 late fee.

Police Assistance - \$77.00/hour
Post Event Clean Up and Street Sweeping \$160/hour

**** Special Fees will apply for events held at Davis Park, please contact Gretchen Gilmore at ggilmore@asmrockford.com**

Event Name /Date: _____



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**YOU MUST RECEIVE WRITTEN APPROVAL FROM ALDERMAN
 OF WARD IN WHICH THE EVENT WILL TAKE PLACE.**

NAME OF EVENT: _____

DATE OF EVENT: _____

ALDERMAN (signature): _____

WARD: _____

Ward 1	Timothy Durkee	tim.durkee@rockfordil.gov
Ward 2	Jonathan Logemann	jonathan.logemann@rockfordil.gov
Ward 3	Chad Tuneberg	chad.tuneberg@rockfordil.gov
Ward 4	Kevin Frost	kevin.frost@rockfordil.gov
Ward 5	Gabrielle Torina	gabrielle.torina@rockfordil.gov
Ward 6	Aprel Prunty	aprel.prunty@rockfordil.gov
Ward 7	Janessa Wilkins	janessa.wilkins@rockfordil.gov
Ward 8	Karen Hoffman	karen.hoffman@rockfordil.gov
Ward 9	Bill Rose	bill.rose@rockfordil.gov
Ward 10	Franklin Beach	frank.beach@rockfordil.gov
Ward 11	Isidro Barrios	isidro.barrios@rockfordil.gov
Ward 12	Gina Meeks	gina.meeks@rockfordil.gov
Ward 13	Jeffrey Bailey	jeffrey.bailey@rockfordil.gov
Ward 14	Mark Bonne	mark.bonne@rockfordil.gov



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GENERAL EVENT INFORMATION

**PLEASE COMPLETE THE ENTIRE APPLICATION AND TYPE OR PRINT LEGIBLY.
 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Name of Event: _____

Type of Event (please check all that apply):

- Athletic/Recreation (5K, 10K, walk-a-thon)
- Peaceful Protest Food
- Neighborhood Event
- Truck Festival
- Farmer’s Market/Outdoor Market
- Fundraiser
- Parade
- Liquor Only Event
- Other (please explain): _____
- Do you volunteer to make your event smoke/vape free (signage included/no extra cost)

Event Coordinator or Organization Name: _____ Phone: _____

Address: _____ Email: _____

Location of Event: _____

Is the event being held on City-Owned Property? YES NO

Date(s) of Event: _____ Hours of Event: _____

Set-up Date: _____ Set-up Hours: _____

Dismantle Date: _____ Dismantle Hours: _____

Anticipated # of: Participants: _____ Spectators: _____ Staff/Volunteers: _____

Is this an annual (recurring) event? YES NO

Describe the event's community and/or cultural benefit:

Event Name / Date: _____

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GENERAL EVENT INFORMATION

SECURITY PLAN



***Please be advised that the Police will review each event application, and must approve of your security plan. You may be required to adjust your security plan based on the review**

Will you be hiring City of Rockford Police Officers for security? YES NO

If no, please complete the following information. If using private security, they **MUST** have a State of IL License #

Security Contact Person: _____

(person within the Sponsoring Organization for the Police Department if they have questions regarding security/safety of the event)

Phone: _____ Email: _____

Security Contact Day of Event (if different from above): _____

Phone: _____ Email: _____

Name of Licensed Security Company: _____ **License #:** _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Number of Security Personnel per Shift: _____ Will alcohol be served? Yes No

MEDICAL PLAN



Medical Contact Person: _____

(person within the Sponsoring Organization for the Fire Department if they have questions regarding safety of the event)

Phone: _____ Email: _____

Will Emergency Medical Services be summoned through 911 only? YES NO

Will you be hiring City of Rockford Fire Department for EMS Services?
 Services must be requested 30 days prior to event. Please contact the RFD at 779-348-7171 with any questions. YES NO

If no, complete the following information:

Name of Licensed EMS Provider: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Number of EMS Personnel per Shift: _____ # Expected Attendance: _____

Event Name / Date; _____

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APPLICATION FOR CITY OF ROCKFORD TEMPORARY LIQUOR PERMIT

Type and Fee Per Day	Nature of applicant	Type of Property	Open to the Public
Civic Engagement Permit \$64.00	Civic engagement organization, foundation or similar entity	Private property/ Public property	Yes if on public property
Not-for-Profit Permit \$31.00	Not-for-profit organization, 501(c)(3) organization, religious/church organization-all proceeds after administrative costs must go to the Non-for Profit	Private property/ Public property	Yes if on public property
Government Permit \$31.00	Local government entity on premises owned/leased by government entity	Public property	Yes
Commercial Event Permit \$175.00	Individual, partnership or corporation. Includes caterers not licensed by the City of Rockford	Private property	Yes
Promotional Event \$ 64.00	Current City of Rockford liquor Licensee	Private property owned by current Rockford liquor licensee	Yes

THE FOLLOWING ITEMS MUST ACCOMPANY APPLICATION FOR LIQUOR LICENSE:

1. A certificate of Insurance showing coverage for commercial, general, or liability insurance and Dram Shop (liquor liability) insurance naming the City of Rockford as additionally insures, and listing the City of Rockford, Legal Dept, 425 E. State St., Rockford, IL as the certificate holder.
2. Indicate the exact area where alcohol will be sold on the Comprehensive Site Map
3. A description of security measures to control area (i.e. fences, barricades, security personnel) as well as a detailed plan describing procedures for carding/ID'ing and the prevention of over-consumption of alcohol.
4. Proof of status of applicant (i.e. articles of incorporaton, tax exempt number, or 501c3 paperwork)
5. Proof of BASSET training compliance. Training info may be found at www.illinoisbassetcertification.com
6. Liquor Only Special Event Application not recieved 30 days prior will be subject to a \$200 late fee
7. Alcohol vendor must be in good standing with the City of Rockford.
8. Additional liquor permits MAY be required by the State of Illinois pursuant to 235 ILCS 5/5-1 (e) or (q)

Type of Permit

Civic Engagement
 Not-for-Profit
 Government
 Commercial
 Promotional

I am not serving alcohol at my event

Vendor Name: _____ **City of Rockord Business #** _____

Open to the Public? **Yes** **No**
 Private Property **Public Property**

Event Contact Person: _____ **Event Contact Phone:** _____

It is the responsibility of the event coordinator to ensure that the business selling liquor is in compliance with **Finance – Local Sales Tax Section**. Failure to do so could result in the removal of the vendor. Please contact LocalSalesTax@rockfordil.gov or (779) 348-7165 for additional information.

Event Name / Date: _____

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COMPREHENSIVE SITE MAP

*** MANDATORY***

Please use the Comprehensive Site Plan to illustrate the layout of your event. If you need additional space, please attach a separate page.

If applicable, the following must be included: (please use the codes indicated)

- Location of First Aid (+)
- Location of food vendors (FV)
- Location of alcoholic beverage vendors (AB) along with number of service stations at each location
- Location of non-alcoholic beverage vendors (NAB)
- Location of garbage receptacle (G) and recycling receptacles (R)
- Show walk, run, and bike routes if athletic event (use arrows)
- Show parade route (use arrows)
- Location of closed streets of public right-of-ways (designate with an X)
- Position of barricades (B)
- Public entrances and exits
- Location of sound stages (SS) and amplified sound systems (AS)
- Location of residential streets surrounding event that will be impacted by flow of traffic from event
- Location of cooling stations (CS)
- Location of tents (T) and/or canopies (C)
- Location of carnival set up (CA)
- Location of animals/caregivers (A)
- Location of security booths (S)
- Location of washroom facilities (WF)