

2019

Special Event Guide



Last updated:
1/8/2019



CITY OF ROCKFORD 2019
SPECIAL EVENTS APPLICATION

EVENT APPLICATION CHECKLIST

Thank you for completing your Special Event Permit Application.

*** Before you submit your application to the City of Rockford, please make certain that the following steps have been completed.**

Have you?

- Signed and dated your application?
- Received Alderman's approval?
- Attached your event site map with clearly marked street closures, barricades, 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, if applicable?
- Included your completed Tent and Canopy application, if applicable?
- Included your completed Electrical permit application, if applicable?
- Included your completed Banner (temporary sign) permit application?
- Included your payment?

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

Please submit your completed permit application to:

City of Rockford
Attn: Special Events
425 E. State St., 6th Floor
Rockford, IL 61104

Event Name / Event Date: _____



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After submitting all forms, your application will be reviewed by the Special Events Coordinator. 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.

TERMS AND CONDITIONS

- 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: _____

Event Name / Event 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 – TIM DURKEE tim.durkee@rockfordil.gov
- WARD 2 – JONATHAN LOGEMANN jonathan.logemann@rockfordil.gov
- WARD 3 – CHAD TUNEBOURG chad.tuneberg@rockfordil.gov
- WARD 4 – KEVIN FROST kevin.frost@rockfordil.gov
- WARD 5 – VENITA HERVEY venita.hervey@rockfordil.gov
- WARD 6 – NATAVIAS ERVINS natavias.ervins@rockfordil.gov
- WARD 7 – ANN THOMPSON-KELLY ann.thompson@rockfordil.gov
- WARD 8 – KAREN HOFFMAN karen.hoffman@rockfordil.gov
- WARD 9 – BILL ROSE bill.rose@rockfordil.gov
- WARD 10 – FRANK BEACH franklin.beach@rockfordil.gov
- WARD 11 – TUFFY QUINONEZ tuffy.quinonez@rockfordil.gov
- WARD 12 – JOHN BECK john.beck@rockfordil.gov
- WARD 13 – LINDA MCNEELY linda.mcneely@rockfordil.gov
- WARD 14 – JOSEPH CHIARELLI joseph.chiarelli@rockfordil.gov

Event Name / Event Date: _____



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GENERAL EVENT INFORMATION

Name of Event:		First time event? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, how long has this event been in
Type of Event: (Circle all that apply)		
<input type="checkbox"/> Parade <input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="checkbox"/> Festival <input type="checkbox"/> Neighborhood Event <input type="checkbox"/> Athletic Event <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Fundraiser <input type="checkbox"/> Peaceful Protest		
For parades, runs, & walks, please identify the length of your course:		
Date(s) of Event:	Time/Hours of Event:	Step-off time (athletic events, parades)
Exact Address of Event:		
Estimated Attendance:	Last Year's Attendance:	Phone number/website for publication
Describe the event's community and/or cultural benefit:		
Name of Sponsoring Organization:		Event Contact:
Sponsoring Organization's Address:		
Contact email address:	Contact Phone:	
You must provide the name and cell phone number of two contacts during the event:		
Contact #1 name and phone number	Contact #2 name and phone number:	

Event Name / Event 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 serving 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 or 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)

Event Name / Event Date: _____



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SECURITY PLAN – Must be approved by the Rockford Police Department

Security Contact Person:		Contact Phone:
Name of Private Security Company: (if applicable)		
Address of Private Security Company:		
Name of Contact Private Security Company:		Phone:
		Email:
Number of Private Security Personnel hired per shift:		

* Please **CLEARLY MARK** security stations on comprehensive site map.

If hiring Rockford Police for security, a minimum of 30 days' notice is required.

Additional Information:

Liquor will be served: Y or N

Number of booths	Number of serving locations @ each booth

* If alcoholic beverages are being served, please attach a **detailed plan** describing procedures for carding minors and preventing over-consumption of alcohol. Also, please include the locations where alcohol will be served on comprehensive site map.

Event Name / Event Date: _____



**CITY OF ROCKFORD 2019
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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 \$58.00	Civic engagement organization, foundation or similar entity	Private property/ Public property	Yes if on public property
Not-for-Profit Permit \$27.00	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 \$27.00	Local government entity on premises owned/leased by government entity	Public property	Yes
Commercial Event Permit \$160.00	Individual, partnership or corporation. If catering,	Private property	Yes
Promotional Event \$ 58.00	Current City of Rockford liquor Licensee but would include caterers not licensed by the City of Rockford.	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 additional insured, and listing the City of Rockford, Legal Dept., 425 East State Street, Rockford, IL, as certificate holder.
2. Indicate the exact area where alcohol will be sold on comprehensive site map.
3. A description of security measures to control the area (i.e. fences, barricades, security personnel).
4. Proof of status of applicant (i.e. articles of incorporation, tax exempt number).
5. Proof of BASSET training compliance. Training info may be found at: www.illinoisbassetcertification.com or contact delicia.harris@rockfordil.gov
6. Liquor Only application not received 30 days prior will be subject to \$200 late fee.

Type of permit:	
Name:	
Address:	
Public or Private Property?	Open to the Public?
Event Contact Person:	Event Contact Phone:

Event Name / Event Date: _____