

2020

Special Event Guide



Last updated:  
12/30/2019



CITY OF ROCKFORD 2020  
SPECIAL EVENTS APPLICATION

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**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, communications, 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, if applicable?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship, and other entities, if applicable?
- 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?
- Included your completed Electrical permit application?
- Included your completed Banner (temporary sign) permit application?
- Included your payment?

**\* Complete ALL documents with a N/A even if not applicable to your Special Event.**

**Please submit your completed permit application to:**

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

**Event Name / Event 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.

**NON FOR PROFIT SPECIAL EVENT FEE..... \$95.00**

**FOR PROFIT SPECIAL EVENT FEE ..... \$130.00**

**ADMINISTRATIVE LATE PERMIT FEE..... \$200.00**  
*(Any event turned in less than 60 calendar days prior to the event date will be assessed fee)*

**TENT/CANOPY PERMITS .....\$83.00**

**ELECTRIC PERMIT .....\$79.00**

**CITY ELECTRIC (if available).....\$30.00**  
 (Additional fees may apply)

**CARNIVAL PERMIT ..... \$181.00**

**BANNER PERMIT ..... \$42.00**  
 (Will allow multiple banners with special events.)

**FARMER’S MARKET.....\$70.00**

**TEMPORARY LIQUOR PERMITS (Refer to page 20 to determine type of event)**

**CIVIC ENGAGEMENT EVENT..... \$60.00 per day**

**NOT-FOR-PROFIT EVENT..... \$29.00 per day**

**GOVERNMENT  
EVENT.....\$29.00 per day**

**COMMERCIAL  
EVENT..... \$165.00 per day**

**PROMOTIONAL  
EVENT.....\$60.00 per day**

**Police Assistance - \$70.00/hour**  
**Post Event Clean Up and Street sweeping 160.00/hour**  
 \*\* Special Fees will apply for events held at Davis Park  
 Contact Kristen O’Halloran at 815-489-8234

**Event Name / Event Date:** \_\_\_\_\_



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You may be responsible for obtaining additional permits from Winnebago County or the State of Illinois

INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

- 1. Completed applications for all events must be submitted at least 60 days prior to the event date. Any late applications will incur a \$200 administrative late fee or be subject to rejection.
2. Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information.
3. Submit all necessary documents and payment/checks with the application. All fees for Applications submitted electronically will be invoiced to event organizer and must be paid before special event permit is issued.
4. The following sections MUST be completed by the event coordinator for ALL events:
- General event information
- Security plan
- Site plan with clearly marked maps (geography of area, street closures, barricades, cooling and warming stations, and security stations)
- Insurance and liability certificates
- Intent or pre-order for barricades if needed for event
- Fire Prevention Plan
- Medical Plan
- Signature of event organizer and of the alderman of the ward the event takes place

In addition you may need to complete:

Are you serving alcoholic beverages at your Event? [ ] Yes [ ] No
If yes, you must complete and submit the State Special Event Liquor License Application and Dram Shop Insurance (see page 20).

Are you erecting a tent over 120 sq. ft., or a canopy over 400 sq. ft.? [ ] Yes [ ] No
If yes, you must complete and submit the Tent and Canopy Application. See guidelines for tent and canopy specifics (see page 16).

Does your event include a carnival? [ ] Yes [ ] No
If yes, you must complete a Carnival application permit.

Are you closing any streets or sidewalks for your event? [ ] Yes [ ] No
If yes, you must attach an event map with clearly marked street closures and barricade placement.

Will there be an athletic event or a parade? [ ] Yes [ ] No
If yes, an athletic course or parade route must be attached.

Will you be using animals at your event? [ ] Yes [ ] No
If yes, a Business Use of Animals form must be completed.

Will the street closure be on a RMTD bus route? [ ] Yes [ ] No
If yes, you must notify RMTD of your request.

\* Please note that closures of state-funded roads requires a minimum 30 day notice to IDOT

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 OR VERBAL 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](mailto:tim.durkee@rockfordil.gov)
- WARD 2 – TONY GASPARINI [tony.gasparini@rockfordil.gov](mailto:tony.gasparini@rockfordil.gov)
- WARD 3 – CHAD TUNEBERG [chad.tuneberg@rockfordil.gov](mailto:chad.tuneberg@rockfordil.gov)
- WARD 4 – KEVIN FROST [kevin.frost@rockfordil.gov](mailto:kevin.frost@rockfordil.gov)
- WARD 5 – VENITA HERVEY [venita.hervey@rockfordil.gov](mailto:venita.hervey@rockfordil.gov)
- WARD 6 – NATAVIAS ERVINS [natavias.ervins@rockfordil.gov](mailto:natavias.ervins@rockfordil.gov)
- WARD 7 – ANN THOMPSON-KELLY [ann.thompson@rockfordil.gov](mailto:ann.thompson@rockfordil.gov)
- WARD 8 – KAREN HOFFMAN [karen.hoffman@rockfordil.gov](mailto:karen.hoffman@rockfordil.gov)
- WARD 9 - BILL ROSE [bill.rose@rockfordil.gov](mailto:bill.rose@rockfordil.gov)
- WARD 10 - FRANK BEACH [franklin.beach@rockfordil.gov](mailto:franklin.beach@rockfordil.gov)
- WARD 11 – TUFFY QUINONEZ [tuffy.quinonez@rockfordil.gov](mailto:tuffy.quinonez@rockfordil.gov)
- WARD 12 – JOHN BECK [john.beck@rockfordil.gov](mailto:john.beck@rockfordil.gov)
- WARD 13 – LINDA MCNEELY [linda.mcneely@rockfordil.gov](mailto:linda.mcneely@rockfordil.gov)
- WARD 14 – JOSEPH CHIARELLI [joseph.chiarelli@rockfordil.gov](mailto:joseph.chiarelli@rockfordil.gov)

Event Name / Event Date: \_\_\_\_\_



**CITY OF ROCKFORD 2020  
SPECIAL EVENTS APPLICATION**

**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 existence:
Type of Event: (Check all that apply) Parade    Run    Walk    Festival    Neighborhood Event Athletic Event    Farmer's Market    Fundraiser    Peaceful Protest		
<b>For parades, runs, &amp; walks, please identify the length of your course:</b>		
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:	
<b>You must provide the name and cell phone number of two contacts during the event:</b>		
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)



**CITY OF ROCKFORD 2020  
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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.

\* I would like to hire the Rockford Police Department for my event Y or N (circle one)

**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.

\*Will you be using a food vendor or food truck as part of your event? If so, please list them below with their City of Rockford Business Number.

**(please note that any food vendor must be provided to [metrotax@rockfordil.gov](mailto:metrotax@rockfordil.gov) no later than 2 weeks prior to the event, or your permit may be revoked)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



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**NOISE CONTROL PLAN**

**Will electronic sound amplification equipment or a public address system be used at the event? Y or N**

**\* If yes, please indicate on the Site Map the location of the stages and sound systems, the location and direction of all speakers, and the proximity to residential addresses. The City of Rockford Ordinance Section 17-33 regulates noise between the hours of 10:00 p.m. and 7:00 a.m.**

**Amplified sound will be used during the hours of \_\_\_\_\_ to \_\_\_\_\_.**

**Describe the sound system(s), and how it will be controlled:**

**Explain how you will inform neighbors, residents, and surrounding businesses:**

**Sec. 17-33. - Miscellaneous noise sources.**

It shall be unlawful to operate the following equipment between the hours of 10:00 p.m. and 7:00 a.m. outdoors within 600 feet of any building used for residential or hospital purposes or indoors if such equipment is audible from any adjacent property used for residential or hospital purposes:

(1) Power-operated models including automobiles, boats and aircraft; (2)

Sound trucks and public address systems;

(3) Musical instruments;

(4) Radios, television sets and phonographs; (5)

Factory time whistles; and

(6) Church bells and carillons.

It shall be unlawful to play music outside at any time using an intercom system on any property abutting or across the street from property zoned and used for residential purposes, if such music is audible more than ten feet from the property from which the music is operating and it shall be unlawful to play music outside using an intercom system between the hours of 11:00 p.m. and 7:00 a.m. on any property which is abutting or across the street from property zoned and used for residential purposes.

**Event Name / Event Date:** \_\_\_\_\_



**CITY OF ROCKFORD 2020  
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**DEPARTMENT OF PUBLIC WORKS – STREET CLOSURE REQUEST**

WILL ANY STREETS NEED TO BE CLOSED?       YES       NO

Identify street name with numerical address range(s) with direction

**FOR: Event “Set Up”**

<b>Street Name:</b>	<b>From</b>	<b>To</b>	<b>Dates</b>	<b>Times</b>
<i>Example: State St.</i>	<b>400(E)</b>	<b>400(W)</b>	<b>6/1/10-6/5/10</b>	<b>8am-11am</b>

**FOR: Actual Event**

<b>Street Name:</b>	<b>From</b>	<b>To</b>	<b>Dates</b>	<b>Times</b>
<i>Example: State St.</i>	<b>400(E)</b>	<b>400(W)</b>	<b>6/1/10-6/5/10</b>	<b>11am-8pm</b>

**FOR: Event “Tear Down”**

<b>Street Name:</b>	<b>From</b>	<b>To</b>	<b>Dates</b>	<b>Times</b>
<i>Example: State St.</i>	<b>400(E)</b>	<b>400(W)</b>	<b>6/1/10-6/5/10</b>	<b>8pm-11pm</b>

**\* Please mark street closures, barricades, security stations, cooling stations, and including athletic course or parade course on site map\***

**BARRICADES ARE REQUIRED FOR ALL STREET CLOSURES.**  
**\*\*EVENT ORGANIZERS ARE RESPONSIBLE FOR ALL BARRICADE COSTS\*\***



CITY OF ROCKFORD 2020  
SPECIAL EVENTS APPLICATION

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**ACCESSIBILITY PLAN**

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Is this a city owned facility?	Yes	No	Unknown
Is this an outdoor venue?	Yes	No	Partial In/Out

Identify the geography of your event area:

What consideration has been given to improve accessibility to the greatest extent?

How will staff be trained on appropriate ways to assist people with disabilities?

Do you have a plan to appropriately mark accessible parking?	Yes	No
Is there an accessible path from the street/parking to the event?	Yes	No
Are there easily accessible cooling and warming stations?	Yes	No

Event Name / Event Date: \_\_\_\_\_



**CITY OF ROCKFORD 2020  
SPECIAL EVENTS APPLICATION**

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**ROCKFORD FIRE DEPARTMENT MEDICAL PLAN**

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**Will emergency medical services be summoned through 911, or will medical staff be hired and on location for minor issues? YES or NO**

If you answered yes to the above question please provide (below) the level of medical credentials/license, the name of the company or service, and their contact information. Please include a phone number and email:

**Please have a backup plan if your medical service becomes unavailable:**

**Please provide the location(s) of your medical tent/staff on a map:**

**List the hours the medical staff will be onsite:**

**Please provide how your medical staff will be identified by patrons:**

**If you would like to hire the Rockford Fire Department for medical services, you must request this 30 days prior to your event.**

Please contact Rockford Fire Department at 779-348-7171 if you have any questions.

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**Event Name / Event Date:** \_\_\_\_\_



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**FIRE DEPARTMENT – FIRE PREVENTION**

Will this event be outdoors?            YES            NO

Will the event utilize any structures, including tents?    YES            NO

If answered yes, please provide the size of each structure and their set up location:

Will there be any cooking or warming of food on location?            YES            NO

Please list the equipment/devices that will be used:

What types of fuel will be used? Propane, natural gas, charcoal, or dry seasoned firewood? Please describe the methods that will be used to properly secure the fuel sources and keep away from potential hazards.

Will you request the use of pyrotechnics?    YES            NO

Pyrotechnics of any kind will require a separate permit. All pyrotechnics allowed under State of Illinois still requires a City of Rockford permit.

Will you request the use of any type of bonfires, or recreational fires?    YES            NO

If answered yes, additional permits are required.

Will you have established seating for over 50 people in a single location?            YES            NO

Please provide a detailed emergency evacuation plan for your event that addresses the following items, at a minimum:

- How will the event staff communicate if there is any type of injury or incident
- How will the staff communicate to your patrons about an emergency situation
- In the event of sudden in climate weather or incident (lightning, tornado, flash flooding, active shooter, other large incident) where will you direct patrons for shelter and safety

**Please be advised the RKFD FIRE DEPT. may require an inspection to be completed at your event for various conditions. Questions? Contact the RKFD FIRE DEPT. at 779-348-7171**

Event Name / Event Date: \_\_\_\_\_



## CITY OF ROCKFORD 2020 SPECIAL EVENTS APPLICATION

### Tent/ Canopy/ Carnival Application

**Applicant to complete sections I-V**

<b>I. Prior to completing this application please answer the following:</b>					
1. Is any tent or canopy to be erected on City of Rockford Owned Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is any tent or canopy to be erected for more than one day on private property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Will there be any electrical equipment used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will there be any heat producing cooking appliances used in proximity of tents or canopies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Is applicant a tent/canopy erector licensed with the City of Rockford Or a carnival operator licensed with the State of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Will any water connections to City of Rockford Hydrants be required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>II. Project &amp; Contact Information</b>					
This application is for: <input type="checkbox"/> Tent(s) <input type="checkbox"/> Canopy(ies) <input type="checkbox"/> Carnival					
Street Address / Location of Proposed Event/Structure					P.I.N.
What Event or Use is Proposed at Site?					
Date Tent, Canopy, and/or Carnival will be erected			Date Tent, Canopy, and/or Carnival will be dismantled		
Name of Applicant/ Organization					
Contact Person		Phone		Email	
<b>III. Contractors</b>					
<b>A. Tent/Canopy Erector (City License Required) or Carnival Operator (State Permit Required)</b>					
Company			License # or Permit #		
Address			City	State	Zip
Phone		Fax		Email	
<b>IV. Details</b>					
Size of Tent/Canopy (in feet)			Will there be (check one)		
Length                      x    Width                      =    Area                      square feet			<input type="checkbox"/> Tables & Chairs <input type="checkbox"/> Chairs Only <input type="checkbox"/> Standing Space		
Will the tent/canopy have electrical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		
<b>COMPLETED BY STAFF</b>			Occupant load:		
Tot. SF                      div. by                      occ/sf =                      occs			Use 15 net sf/per person for Tables & Chairs    Use 7 net sf/per person for Chairs Only    Use 5 net sf/per person for Standing Space		

**Event Name / Event Date:** \_\_\_\_\_



**CITY OF ROCKFORD 2020  
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***V.A Applicant's Certificate***

The undersigned hereby applies to the City of Rockford, Illinois for a permit to erect (a) tent(s), canopy(ies) and/or carnival as described herein, and if granted, the permit applied for shall comply with all requirements of City Ordinances relating thereto and pay the fees required by such ordinances. No error or omission in this application, whether approved by Construction & Development Services or not, shall permit or relieve the applicant from erecting the tent(s), canopy(ies) and/or carnival in a manner other than provided for in the Ordinances of this City relating thereto. I hereby certify that the proposed tent(s), canopy(ies) and/or carnival is authorized by the property owner of record and that I have been authorized by the property owner and fully understand the intent thereof and declare that the information contained in this application is true and correct.

Name		Title	
Company		Phone	
Street Address		City	State Zip
Signature  X			Date

***Staff Comments (to be completed by Staff)***

<b>Zoning District:</b>	<b>Zoning File #:</b>	<b>Prior Inspection of Job Site By:</b>	<b>Located on City Property</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Zoning Approval:</i>		<i>Approval Date:</i>	
<i>Building Approval:</i>		<i>Approval Date:</i>	
<b>Tent, Canopy, Carnival Permit Issued by:</b>			
<i>Signature:</i>			<i>Approval Date:</i>

**Event Name / Event Date:** \_\_\_\_\_



CITY OF ROCKFORD 2020
SPECIAL EVENTS APPLICATION

TEMPORARY SIGN PERMIT APPLICATION FOR SPECIAL EVENTS
(Banner Permit)

The applicant is to furnish all of the requested information

- 1. Date of Application:
2. Address of proposed sign location:
3. Name of Event to be advertised:
4. Name of applicant: Phone:
5. Is this a BANNER, SIGN, OR, INFLATABLE SIGN? (Circle one)
6. Installation: Is this sign freestanding? YES NO
If NO how is this sign to be mounted?
7. Is this sign ILLUMINATED or NON-ILLUMINATED (Circle one)
NOTE: If sign will be illuminated then a separate electrical permit is required.
8. Sign SIZE: Height: (x) Length: (=) AREA Square Feet
9. Sign HEIGHT: From grade to TOP of sign? feet - inches.
From grade to BOTTOM of sign? feet - inches.
10. Date to be erected? ; Date to be removed?

\* Temporary signs may be in place for not more than seven consecutive days, during a six month period, commencing with the issuance of a permit for such sign.
\* Banners and other Temporary Signs shall be erected in compliance with Chapter 117 of the Rockford Municipal Code.

\*\*\* MOBILE SIGNS ARE PROHIBITED \*\*\*

The applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

Signature: Date:

Event Name / Event Date:





**CITY OF ROCKFORD 2020  
SPECIAL EVENTS APPLICATION**

**APPLICATION FOR CITY OF ROCKFORD TEMPORARY LIQUOR PERMIT**

Type and Fee Per Day	Nature of applicant	Type of Property	Open to the Public
<b>Civic Engagement Permit</b> \$60.00	Civic engagement organization, foundation or similar entity	Private property/ Public property	Yes if on public property
<b>Not-for-Profit Permit</b> \$29.00	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
<b>Government Permit</b> \$29.00	Local government entity on premises owned/leased by government entity	Public property	Yes
<b>Commercial Event Permit</b> \$165.00	Individual, partnership or corporation. If catering,	Private property	Yes
<b>Promotional Event</b> \$ 60.00	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](http://www.illinoisbassetcertification.com)
6. Liquor Only application not received 30 days prior will be subject to \$200 late fee.
7. Vendor must be in good standing with the City of Rockford

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

**Event Name / Event Date:** \_\_\_\_\_