



Village of Maywood

Department of Community Development
40 Madison Street
Maywood, Illinois 60153

Phone: 708 450-4404
Fax: 708 450-4893
www.maywood-il.org

SPECIAL EVENT PERMIT APPLICATION (PLEASE TYPE OR PRINT)

Sponsoring Organization:	
Sponsoring Organization address:	
Contact Person:	
Phone Number(s)	Cell: () Other: ()
E-mail:	
Name of Event:	
Date(s):	Hours:
Event Location:	
Property Owner:	
Property Owner's Address:	
Property Owner's Phone Number: ()	
Is the Event Location Village Owned Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Set up Date:	Dismantling Date:
TYPE OF EVENT	
<input type="checkbox"/> Sporting Event / Run / Walkathon	<input type="checkbox"/> Sidewalk Sale / Craft or Art Fair
<input type="checkbox"/> Festival	<input type="checkbox"/> Parade
<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> OTHER (explain) _____
<input type="checkbox"/> PROOF that required state and county licenses have been issued to promoter / carnival operator (if applicable)	

Description General & Projected Attendance:

Please outline the proposed alternative plan should cancellation be required due to inclement weather.

Will there be a rain date? YES NO

Proposed Plan:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ ENTERTAINMENT

List all entertainment performances, including date, beginning time, ending time, and indicate if amplification equipment will be used:

_____ CARNIVAL/ CIRCUS

Provider Name:

Address:

City:

State:

Contact Person:

Phone Number(s) Day: ()

Other: ()

E-mail:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --

(Indicate on map or site plan if applicable)

_____ **FOOD VENDOR(S)**

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID number

A COPY OF THE VENDOR'S SANITATION LICENSE MUST BE ATTACHED

Name	Address	Phone	Tax ID Number

_____ **MERCHANDISE VENDOR(S)**

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID number

Name	Address	Phone	Tax ID Number

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ TENTS/BOOTHS

Provider Name: _____

Address: _____ City: _____ State: _____

Phone Number(s) Day: () _____ Other: () _____

E-mail: _____

List Exact Size and Description:

_____ GARBAGE REMOVAL (ALL areas must be left clean of debris)

Provider Name: _____

Address: _____ City: _____ State: _____

Phone Number(s) Day: () _____ Other: () _____

E-mail: _____

_____ ELECTRIC POWER SOURCE

Provider Name: _____

Address: _____ City: _____ State: _____

Phone Number(s) Day: () _____ Other: () _____

E-mail: _____

Description:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ PORTABLE RESTROOM FACILITIES

Provider Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: ()

Other: ()

E-mail: _____

How many facilities will be supplied? _____

How many hand-washing stations will be supplied? _____

_____ NOTIFICATION OF RESIDENTS

Will any residents be affected by this event? If so, how will they be notified? Description:

_____ ADVERTISING AND SIGNAGE *(All temporary signs must be removed the morning after the event ends. Please attach a copy of the publicity plan and/or banners and flyers)*

Will signs or banners be used? **YES** **NO**

Please list all proposed locations for signage:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ TRAFFIC CONTROL/BARRICADES

If barricades are needed, indicate quantity, when, and where to deliver them:

Address: _____ Phone Number(s) Day: () _____

PARKING

Indicate parking areas identified to accommodate attendees including handicap parking, employees and public service vehicles:

VILLAGE SERVICES:

_____ Fire Truck _____ Ambulance _____ Police Car

_____ Sponsorship _____ Co-sponsorship

SAFETY AND SECURITY:

(Event will be invoiced at _____ per hour, per employee for services rendered)

Please check all Emergency Departments from whom you will need assistance:

- _____ Traffic Control _____ Money Escorts
- _____ Crowd Control _____ Night Security
- _____ Police/Security _____ Emergency Medical Assistance
- _____ Ambulance/EMT _____ Fire Department (Pyrotechnics)

Estimated Number of Hours Services will be needed: _____

Contact Information of the person responsible for payment:

Name: _____

Address: _____ City: _____ State: _____

Phone Number(s) Day: () Other: ()

E-mail: _____

Please **SUBMIT 6 COPIES** of the application and attach the following if applicable:

- _____ **Liquor - You must complete a Liquor License Application (45 day turn around)**
- _____ **\$1,000,000 Limited Liability Insurance naming the Village of Maywood as a beneficiary**
- _____ **Parade Permit Application**
- _____ **Written Authorization from Property Owner**
- _____ **Map or Site Plan**

Village Approvals:

Police Department: _____ **Date:** _____

Fire Department: _____ **Date:** _____

Public Works: _____ **Date:** _____

Code Department: _____ **Date:** _____

Managers Office: _____ **Date:** _____

NOTE: If the event is being held on Village owned property a Hold Harmless Statement MUST be signed by application prior to forwarding on for approval.



Village of Maywood

Department of Community Development
40 Madison Street
Maywood, Illinois 60153

Phone: 708 450-4404
Fax: 708 450-4893
www.maywood-il.org

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

In consideration of the approval and issuance of a special event permit by the Village of Maywood, I, the undersigned, individually (for myself, my heirs, personal representatives or assigns) and for and on behalf of _____ (hereinafter collectively referred to as "Applicant") agree as follows relative to the Village of Maywood the Village and its appointed and elected officials, officers, representatives, agents, engineers, attorneys, employees and volunteers (hereinafter collectively referred to as "Village") regarding any possible injuries, deaths, loss, damages, claims, suits, liabilities, judgments, cost and expenses (including reasonable attorneys' fees), which may in any way accrue against the Village (hereinafter collectively referred to as "Claims") related to or stemming from this special event:

(name of event)

Waiver: As Applicant, I do hereby release, waive, discharge, any and all potential Claims against the Village and covenant not to sue the Village, from all liability arising from any and all Claims.

Assumption of risk: As Applicant, I acknowledge and agree that by Applicant's holding of the special event, Applicant is assuming the risk of any and all injuries that Applicant may sustain or Claims that may arise. I acknowledge that Applicant's holding of the special event and assumption of risk is entirely voluntary.

Indemnification and hold harmless: As Applicant, I agree to INDEMNIFY AND HOLD the Village HARMLESS from any and all Claims and to reimburse the Village for any expenses incurred due to any Claims.

Severability: This Agreement is intended to be as broad and inclusive as is permitted by the law of Illinois. Any portion of this Agreement which is held invalid shall not affect the enforceability or validity of any other provision found herein.

Acknowledgement of Understanding: I have the authority from my group/organization to sign and submit a special event application and this Waiver of Liability, Assumption of Risk and Indemnity Agreement on its/their behalf. I have read this Agreement, fully understand its terms and legal significance, and understand that the Applicant is giving up its right to sue for injuries relating to participation in the Event and also am agreeing to reimburse the Village for any liability it may incur as provided herein. I acknowledge that I, on behalf of Applicant, am signing the Agreement freely and voluntarily, and intend my signature to be complete and unconditional to the greatest extent allowed by law.

APPLICANT/SPONSORING AGENCY:

VILLAGE OF MAYWOOD:

Signature

Signature

Printed Name & Title

Printed Name & Title