| CITY OF EFFINGHAM **SPECIAL EVENT PERMIT APPLICATION (Run/Walk)** | | | | | | | | | | |
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| **general Information** | | | | | | | | | | |
| Applicant must submit application, and all necessary attachments to the Tourism Director’s Office located at the Effingham Visitors Center at 201 E Jefferson Ave, Effingham, IL 62401, Monday through Friday between the hours of 7:30 a.m. and 4:30 p.m. or by email at [jthoele@effinghamil.com](mailto:thoelej@ci.effingham.il.us) at least forty-five (45) calendar days prior to the date of the special event. The application and each attachment are subject to review, approval, or disapproval at least fourteen (14) days prior to the proposed special event date. If a permit application is denied, the reason(s) for the denial decision will be provided to the applicant in writing. The applicant may appeal the denial decision. | | | | | | | | | | |
| **INFORMATION REQUIRED BY SECTION 5-52** | | | | | | | | | | |
| **Date of Application:** | | | | | | | | | | |
| **Name of Event:** | | | | | | | | | | |
| **Description of Event:** Please provide a short description of the event: | | | | | | | | | | |
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| **Date(s) of Event:** | | | | | | | | | | |
| **Hours of Event (for each day of the Event):** | | | | | | | | | | |
| Set-up start time: | | | | | | Start time of the Event: | | | | |
| Ending time of the Event: | | | | | | Clean-up end time: | | | | |
| **Sponsoring Entity Information:** | | | | | | | | | | |
| Name of Contact Person: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| E-Mail Address: | | | | | | | | | | |
| Phone Number: | | | | | | Mobile Phone Number: | | | | |
| **Applicant Information** (Must be above the age of 18)**:** | | | | | | | | | | |
| Name of Person Requesting Permit: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | |
| Phone Number: | | | | | | Mobile Phone Number: | | | | |
| **Event Chairperson/Emergency Contact Information** (Must be readily available on-site during the entire event): | | | | | | | | | | |
| Name of Chairperson | | | | | | | | | | |
| Address: | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | |
| Phone Number: | | | | | | Mobile Phone Number: | | | | |
| **Preferred Route:** (These routes are approved on a first come, first served basis. Please mark your order of preference, with 1 being the most preferred and 6 being the least preferred. A description of these routes is available for your review at the Effingham Visitors Center.) | | | | | | | | | | |
|  | South Town Route | | | | |  | | TREC Trail Route | | |
|  | Community Park Route | | | | |  | | Technology Park Route | | |
|  | The Cross Route | | | | |  | | Bulldog Challenge Route | | |
|  | Sports Complex Route | | | | |  | |  | | |
| **State the estimated amount of the following:** | | | | | No. of Event Staff: | | No. of Participants: | | | No. of Spectators: |
| **Public Health Plans:** Please tell us if you plan to provide drinking water or portable toilet facilities to meet the needs of your event participants: | | | | | | | | | | |
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| **Temporary Structures**: Please indicate your plans for the utilization of any temporary structures, tents, or stages at the event. Please include the size, type, number, and location of each. | | | | | | | | | | |
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| **Traffic Control Plans: Traffic Control Plans:** Please describe the plans to control traffic for the event. Please indicate if you desire any assistance from the Effingham Police Department. Please indicate if you need barricades for your event, the amount you desire, the location you want them, and the time you need them. | | | | | | | | | | |
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| **Indemnification:** Do you agree to indemnify, hold harmless, and defend the City of Effingham, its officers and employees, against any claim for loss, damage or expense sustained by any person on account of injury, death, or property damage occurring by reason of or arising out of the special event? | | | | | | | | | | |
| Yes | | No | |  | | | | | | |
| **Follow Up**: Do you agree to follow up with the Tourism Director at least five (5) working days prior to the date of your special event? (Failure to do so may result in the revocation of your permit.) | | | | | | | | | | |
| Yes | | No | |  | | | | | | |
| **Applicant Affirmation**: The undersigned hereby affirms all of the statements made herein are true, accurate, and complete. | | | | | | | | | | |
| Yes | | No | |  | | | | | | |
| **Certificate of Insurance**: Do you agree to provide a certificate of insurance endorsing the City of Effingham as an additional insured on a non-contributory basis? (Certificate of insurance must be provided prior to issuance of the permit, as required by Ordinance. Failure to do so may result in the revocation of your permit.) | | | | | | | | | | |
| Yes | | | No |  | | | | | | |
| **SIGNATURE** | | | | | | | | | | |
| **Name of Applicant (must be 18 years or older):** Please print | | | | | | | | | | |
|  | | | | | | | | | | |
| **Signature:** | | | | | | | | | **Date:** | |
| **OFFICE USE ONLY** | | | | | | | | | | |
| **Received by:** | | | | | | | | | | |
| **Date and Time Received:** | | | | | | | | | | |
| **Date Provided to Special Event Committee Members:** | | | | | | | | | | |
| **Date Permit Issued or Denied:** | | | | | | | | | | |
| **Approved:** | | | **Tourism Director Signature:** | | | | | | | |
| **Denied:** | | | **Tourism Director Signature:** | | | | | | | |