

CITY OF EFFINGHAM
SPECIAL EVENT PERMIT APPLICATION (DOWNTOWN
EVENT/FESTIVAL/CONCERT)

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 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

Type of Event: Please provide a short description of the event:

Will you have live music? If so, please list the times.

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:

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Location of Event:

State the estimated amount of the following:	No. of Event Staff:	No. of Participants:	No. of Spectators:
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Public Health Plans: Please describe your proposed plan to meet the needs of public health for your event attendees. This includes your plans for potable water, solid waste collection and removal, and toilet facilities

Security Plans and/or Law Enforcement Services: Please tell us about any proposed privately provided security efforts or if you will need services provided by the City.

Street Closure Request: Please describe any desired street closings related to this event (a list of permitted downtown street closures is available for your review at the Effingham Visitors Center) as well as the length of time they will be closed, the beginning time, and the end time. (Chairperson must insure emergency vehicles, including but not limited to, a fire engine have access to and through the location at all times. Applicant acknowledges that requested street closures require City Council approval.)

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.

Electricity Plans: Please tell us about your electricity needs and if you require any assistance from the City for the provision of electricity. The City may be able to assist with electricity in the downtown area and at Bliss Park.

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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.

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

Sale of Alcohol: Please indicate if your event will include the sale of alcohol (If alcohol is sold at the event, liquor liability insurance is required and additional permitting is required through the Effingham City Liquor Control Commission. Please contact Jane Kemper at 217-342-5310 Ext 5308.)

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:**

