



100 Parkers Mill, Oswego, IL 60543  
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## Application for a Special Event Permit

In order to insure that the Village can plan adequately for the location and/or services that you are requesting on this application, please adhere to the following requirements:

- This application must be filled out completely in order to be processed. Do not put “same as last year” as the file containing last year’s application may not be available for review. If the question does not apply to your event, mark the space “N/A”.
- When returning this application, please include a non-refundable \$25.00 check or money order for the application fee payable to: Village of Oswego, 100 Parkers Mill, Oswego, IL 60543. This application fee is separate from other fees or costs which may be incurred as a result of specific services provided by the Village such as Public Works, departmental over-time, traffic channelization, etc.
- Your application, check and site plan **MUST** be received at least **EIGHT (8) WEEKS** prior to the proposed date of your event. After the Village has reviewed your application, you will be contacted prior to a permit being issued only if there is a need to clarify information, work out proposed changes or reimbursement costs associated with using the site requested such as solid waste removal, traffic management, and police services. If you have any questions regarding this application please call the Village of Oswego at (630) 551-2346

<b>FOR OFFICE USE ONLY</b>	
Permit No. _____	Issue Date: _____
Application Fees Paid: _____	Date Paid: _____

1. Name of Event: \_\_\_\_\_

Type of Event (please check all that apply):

- |                                       |                                      |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Festival     | <input type="checkbox"/> Block Party | <input type="checkbox"/> Concert     |
| <input type="checkbox"/> Rally        | <input type="checkbox"/> Foot Race*  | <input type="checkbox"/> March*      |
| <input type="checkbox"/> Walk-a-Thon* | <input type="checkbox"/> Parade*     | <input type="checkbox"/> Other _____ |

*\* Attach proposed route or map, including assembly and disbanding areas. In the event that a State Route must be temporarily closed, please allow extra time so that approvals can be acquired from the State of Illinois Department of Transportation.*

Describe Event: \_\_\_\_\_

\_\_\_\_\_

2. Event Date (no rain dates): \_\_\_\_\_ Hours \_\_\_\_\_ - \_\_\_\_\_

Set Up: Date \_\_\_\_\_ Hours \_\_\_\_\_ - \_\_\_\_\_

Dismantling: Date \_\_\_\_\_ Hours \_\_\_\_\_ - \_\_\_\_\_

3. Purpose of event: \_\_\_\_\_

\_\_\_\_\_

4. Sponsoring Organization: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. Daytime Telephone Number: \_\_\_\_\_

7. Person Responsible for Conducting the Event: \_\_\_\_\_

8. Address: \_\_\_\_\_

9. Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

10. Email Address: \_\_\_\_\_

11. Will an entry/admission fee (excluding vendors) be charged to participate?

No:  Yes:  If yes, how much?: \_\_\_\_\_

List all parties who will receive the proceeds from this event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Location of Event (check all that apply)

Street

Public Lot

Park

List proposed streets to be closed: \_\_\_\_\_

\_\_\_\_\_

Closest cross streets to the event site: \_\_\_\_\_

Street address or block number: \_\_\_\_\_

Date and time of street closing: \_\_\_\_\_

Date and time of street re-opening: \_\_\_\_\_

Park name: \_\_\_\_\_

Please contact the Oswegoland Park District at (630) 554-1010 if your event includes use of Park District property.

13. Should vehicle parking be restricted in specific areas? Yes:  No:

If yes, "no parking" signs are required to be posted.

Indicate the area where you would like parking to be restricted: \_\_\_\_\_

\_\_\_\_\_

14. Will barricades be necessary for a street closure? Yes:  No:

If yes, give exact location for delivery of barricades (after the event please put barricades back to the location that they were delivered): \_\_\_\_\_

\_\_\_\_\_

15. Indicate parking areas identified to accommodate persons attending the event: \_\_\_\_\_

\_\_\_\_\_

Indicate parking area identified to accommodate event sponsor, employees, volunteers and other vehicles not needed on site: \_\_\_\_\_

\_\_\_\_\_

16. Is this a first-time event at this location? Yes:  No:

If no, how does this event differ from previous years? \_\_\_\_\_

\_\_\_\_\_

17. Projected number of persons attending this event, both participants and spectators: \_\_\_\_\_

Number and type of vehicles used for event: \_\_\_\_\_

Purpose of vehicles: \_\_\_\_\_

18. Is a tent, or other temporary structure(s), including booths, being erected or used on site for this event? Yes:  No:

If yes, include a description, or a site plan, diagramming where the structure(s) will be located on the site.

Name of tent company; or company erecting temporary structure(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If applicable, list the exact tent or other temporary structure size(s): \_\_\_\_\_

19. Will a generator be used for power: Yes:  No:

20. Will electrical wiring need to be installed: Yes:  No:

21. Will signs or banners be hung: Yes:  No:

If yes, how many? \_\_\_\_\_

Describe in detail the proposed location(s) or attach a site plan: \_\_\_\_\_

**For information on sign regulations, contact the Building and Zoning Department at (630) 554-2310.**

22. How many port-a-johns will you be providing on site for this event? \_\_\_\_\_

One for every 500 people is requested for events lasting over two (2) hours and please remember to have an appropriate number available that are handicapped accessible.

23. How do you plan to publicize this proposed event? Attach a copy of the publicity plan, or flyer if available. \_\_\_\_\_

24. Will there be any entertainment, performances or music? Yes:  No:   
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

25. Will water be needed? Yes:  No:   
For use of a fire hydrant, contact the Department of Public Works at (630) 554-3242

26. Describe in detail your plan for cleaning, recycling, and disposing of all refuse from this event. You must provide a plan for accommodating recyclables. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clean-up Committee Contact Person: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

27. Will any additional trash receptacles, recycle bins, and/or dumpsters be required in the event area? If so please list the number and identify on the site map the location of additional trash receptacles/recycle bins/dumpsters.  
Yes:  No:  Number of trash receptacles: \_\_\_\_\_  
Number of dumpsters: \_\_\_\_\_ Number of recycle bins \_\_\_\_\_  
Where exactly at the event site will the trash receptacles, recycle bins or dumpsters be delivered or located? Please mark location on site plan. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are any street peddlers or vendors participating in you event?  
Yes:  No:  If yes, how many:  
Food vendors: \_\_\_\_\_ Merchandise vendors: \_\_\_\_\_  
For permits and information, contact the Village of Oswego at (630) 554-2310.

29. Do you plan to sell beer, wine or liquor for public consumption?  
Yes:  No:  If yes, you must obtain a license from the Village President who is the Liquor Control Commissioner; please contact the Village Clerk's office at (630) 554-3259.  
The Village of Oswego expects all licensees to engage in responsible sales and consumption practices.

The Village license authorizes the licensee retail sale of beer, wine or liquor on the specified premises, streets, roads or parks. The boundaries of the licensed premises and the duration of the license shall be established by the Liquor Control Commissioner. The licensee or the special event sponsor shall maintain the premises in a neat, orderly and safe condition, shall provide such traffic control and sanitation facilities as may be required by this permit to protect the public health, safety, welfare and morals of the residents of the Village, and shall restore the premises after expiration of the special event permit to its prior condition, including the removal of trash, rubbish and garbage. No alcoholic liquor shall be brought onto, or taken out of, the premises, or consumed on the premises other than that provided by the licensee.

The retail sale and consumption of alcoholic liquor, authorized by this Special Event Permit, shall be limited to the premises specified in the permit, which premises shall be entirely enclosed in a tent, in a fenced area, or entirely enclosed by a double fence with at least four (4) feet separating each fence row, demarcating the permit premises.

The licensee, or the special event sponsor, shall have sufficient persons at each entrance and exit to the specified premises to collect any fee charged, prohibit any alcoholic liquor from entering or exiting the premises, check identification and put identifying symbol on any person twenty-one (21) years of age or older to allow them to purchase alcoholic beverages. No person without the symbol may purchase an alcoholic beverage on the premises.

All persons who will check identification and dispense symbols shall attend a course of instruction given by the Oswego Police Department prior to the special event.

30. What are your plans for providing security? Include the name, address and phone number of the security firm, if applicable. \_\_\_\_\_

For the use of Oswego Police Department personnel and costs, contact the Oswego Police Department at (630) 551-7300.

31. What are your plans for providing emergency services? \_\_\_\_\_

Thank you for taking the time to complete this application clearly and completely. Remember to include your site plan, if appropriate, and sign your application below. We look forward to working with you on a very successful event.

**PENALTY:** Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing shall be subject to a class IV fine, plus applicable hearing costs, as provided in subsection 1-4-3G of this code.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Print or Type Name:

\_\_\_\_\_  
Daytime Phone Number: