



CITY OF ALEDO

Application for Special Event

120 North College Avenue

Aledo, IL 61231

Phone: (309) 582-7241 Fax: (309) 582-7242

General Contact Information

Name of Event: _____ Date of Event: _____

Purpose of Event: _____

Name of Sponsor or Organization	Address	Phone
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Responsible Person	Address	Phone
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Central Park Facilities

NOTE: If requesting both facilities, (Band Shell and Pavilion) there will be one non-refundable use fee of \$50 and a \$50 refundable deposit. Fees and deposits are required upon submission of application. The deposit will be returned within one (1) month following the event, provided an inspection of the facility has been completed and no damages have been reported. You must also keep the facility reasonably clean; if not, cleaning fees will be assessed against your deposit.

- I am requesting the use of the Band Shell (\$50 Deposit and \$50 Use Fee)
- I am requesting the use of the Pavilion (\$50 Deposit)
 - With Restroom Facilities (add \$50 Use Fee)
 - Without Restroom Facilities
 - With Grill
 - Without Grill
- I am requesting the Pavilion and Band Shell (\$50 Deposit and \$50 Use Fee)
 - With Restroom Facilities
 - Without Restroom Facilities
 - With Grill
 - Without Grill
- I am requesting access to utilities such as power or water.
(If checked, arrangement must be made with the Director of Public Works prior to the event)

Additional Event Information

Time of the Event: _____ (a.m. / p.m.) to _____ (a.m. / p.m.)

Requested Time for Access to Restrooms, Power, or Water: _____ (a.m. / p.m.)

Estimated Attendance: _____

Activities Planned: _____

Is this event a run/walk? _____ yes _____ no

If yes, how is run/walk going to be identified?

- Paint (If using paint, a **water soluble paint must be used**)
- Signs

Is a parade planned? _____ yes _____ no

If yes, provide details or attach a map of the route.

Will alcoholic beverages be served? _____ yes _____ no

If yes, a temporary off premises liquor license application must be provided.

Are food sales planned? _____ yes _____ no

If yes, provide a detailed menu. (The applicant must also contact the Mercer County Health Department at 309.582.3759)

SECURITY Arrangements: _____

CLEAN-UP Arrangements: _____

STREET(s) to be closed: _____

NOTE: Insurance information must be complete or application will not be accepted! You must attach a certificate of liability insurance listing the City as additional insured, for this event, in the description section of the certificate.

BAND SHELL

Please check the box next to any equipment needed:

- Live Band Equipment (Bass Speakers, Mixer out Front, Monitors)
NOTE: There will be a \$30 charge for set-up and breakdown and a \$10 per hour charge for the use of the Live Band Equipment
of hours x \$10=_____ (Fee is required upon submission of application)
- Sound System/Wireless Microphone
- # of Microphones _____
- Music Stands

This event is in conjunction with: _____

1st Event Name

and has been approved by _____

Contact Person of 1st event

Phone number

IF THIS APPLICATION IS BEING SUBMITTED FOR USE OF THE PAVILION FACILITY ONLY, THEN A SEVEN (7) DAY NOTICE IS REQUIRED. ALL OTHER APPLICATIONS REQUIRE AT LEAST A THIRTY (30) DAY NOTICE PRIOR TO THE PROPOSED EVENT.

I hereby attest as the responsible person for the event listed herein that said event will be conducted in compliance with the laws of the State of Illinois, Mercer County and the City of Aledo and that all lawful orders of state, county and city public officials will be adhered to.

NOTE: You are assuming responsibility for any damage that may occur, other than routine maintenance to the facilities.

Signature

Date