

**APPLICATION FOR SPECIAL EVENT**

CITY OF ALEDO  
120 N College Ave  
Aledo, IL 61231  
(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

\_\_\_\_\_  
Responsible Person                      Address                      Phone

**Band Shell/Pavilion**

*NOTE: There is a \$50 use fee for the Band Shell and a \$50 use fee for the Pavilion along with a \$50 deposit for each. If requesting both facilities, 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 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
- I am requesting the use of the Pavilion/Grill
- I am requesting Pavilion and Bandshell

**Additional Event Information**

Location of Event: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_

Activities planned, e.g. entertainment, vending, etc. \_\_\_\_\_

\_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Will alcoholic beverages be served? \_\_\_\_\_

Is a parade planned? \_\_\_\_\_ If yes, state details: \_\_\_\_\_

\_\_\_\_\_

Are food sales planned? Describe menu in detail (applicant must also contact the County Health Department): \_\_\_\_\_

\_\_\_\_\_

Will signs/pennants be hung? \_\_\_\_\_ If yes, where? \_\_\_\_\_

If signs will be displayed in the park, please fill out sign application.

Do you plan a fireworks display? If so, specify date, time, location and vendor: \_\_\_\_\_

\_\_\_\_\_

Will you need access to utilities such as power and water? If yes, arrangements must be made with the City to turn the utilities on: \_\_\_\_\_

**SECURITY** Arrangements: \_\_\_\_\_

**CLEAN-UP** Arrangements: \_\_\_\_\_

**STREET(s)** to be closed: \_\_\_\_\_

**INSURANCE** Company: \_\_\_\_\_ Agent: \_\_\_\_\_

**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:

- Sound System/Wireless Microphone
- # of Microphones \_\_\_\_\_
- 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)
- Music Stands

This event is in conjunction with: \_\_\_\_\_  
1<sup>st</sup> Event Name

and has been approved by \_\_\_\_\_  
Contact Person of 1<sup>st</sup> event                      Phone number

**THIS APPLICATION MUST BE RECEIVED BY THE CITY OF ALEDO AT LEAST 30 DAYS 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