

## CARNIVAL PERMIT APPLICATION

In order for the application to be processed, a non-refundable \$75 fee receipt must be attached.

Carnival Title: \_\_\_\_\_

Carnival Sponsor: \_\_\_\_\_

Event Sponsor's Primary Event Contact: \_\_\_\_\_  
 (Last) (First)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

On Site Phone During Event: \_\_\_\_\_ Email: \_\_\_\_\_

Vendor/Media Contact: \_\_\_\_\_  
 (Last) (First)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## SUMMARY OF CARNIVAL

Carnival Location: \_\_\_\_\_  
 (Please be as specific as possible and attach a scaled layout of the carnival. This will be reviewed by the Code, Fire, and Police Department to ensure all state laws and ordinances are followed.)

Carnival Staging Location: \_\_\_\_\_

Other Carnival Sponsors: \_\_\_\_\_

Carnival Company Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Event website link: \_\_\_\_\_

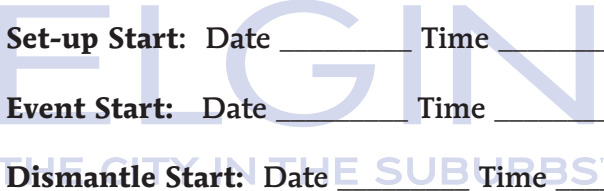
Did you read the carnival requirements in the Special Events Planning Guide? Yes No

## DATE/TIME

Set-up Start: Date \_\_\_\_\_ Time \_\_\_\_\_ / Set-up Finish: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Start: Date \_\_\_\_\_ Time \_\_\_\_\_ / Event Finish: Date \_\_\_\_\_ Time \_\_\_\_\_

Dismantle Start: Date \_\_\_\_\_ Time \_\_\_\_\_ / Dismantle Finish: Date \_\_\_\_\_ Time \_\_\_\_\_



## CARNIVAL PERMIT APPLICATION

For any inquiries on this portion of the application, please refer back to the General Information portion of the Special Events Planning Guide.

### COMMUNITY DEVELOPMENT

Do you plan on using a tent(s) at your carnival? Yes      No

\*\*\*If so please attach the Tent/Sign application and answer the following:

- Did you read the tent requirements in the Special Events Planning Guide? Yes      No
- Do you plan on having a fire extinguisher for every tent structure? Yes      No
- Do you plan on food/drinks at your carnival? Yes      No

\*\*\*If so please initial that someone from the carnival sponsor's organization will be there when tents are dropped off, set up, and picked up. \_\_\_\_\_

Do you understand that there is a permit fee for food vendors? Yes      No

\*\*\*If so please attach the Temporary Food Service application and answer the following:

- Do you/your food vendors need grease disposal barrels for their cooking oil/hot charcoal/grease? Yes      No
  - How many food vendors will need to disposal barrels? \_\_\_\_\_
  - Beverages will be served in: (Please check as many of the following that applies)
- plastic cups    plastic bottles    aluminum cans    glass bottles   other \_\_\_\_\_

Do you plan on conducting a raffle? Yes      No

\*\*\* If so, please attach your raffle license to the application.

Do you plan on having signage? Yes      No

\*\*\* If so, please attach the Sign Permit application. To obtain this, please contact Community Development at (847) 931-5920.

\*\*\* Please note, yard signs advertising events are not allowed and can be subject to fines. For any questions regarding this matter please contact Community Development.

### FIRE DEPARTMENT

Do you plan on having fireworks/pyrotechnics at your carnival? Yes      No

\*\*\*If so, additional paperwork is required. Please contact (847) 931-6190

What is your medical plan? \_\_\_\_\_

Who is your medical services provider the day of the event: \_\_\_\_\_

Their Contact Information: \_\_\_\_\_

### LAND MANAGEMENT DEPARTMENT

Do you need a water hook-up at your carnival? (This does not include a hose) Yes      No

- If so, please indicate what it will be used for: \_\_\_\_\_

Do you plan on needing electric at your carnival? Yes      No

- If so, please indicate the following:

What it will be used for: \_\_\_\_\_

Power Needs: \_\_\_\_\_



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Do you plan on using a generator at your carnival? Yes No

- If so, please indicate what kind and from what supplier: \_\_\_\_\_

If you are on city property (parks, city parking lots, etc.), do you plan on having trash and recycling receptacles at your carnival? Yes No

- If so, please indicate how many Trash Receptacles: \_\_\_\_\_ Recycling Receptacles: \_\_\_\_\_

If you are on city property, do you plan on having a dumpster on site? Yes No

### Parks and Recreation Department

Do you want to hold your carnival on city property? Yes No

The sponsor must provide the department with a certificate of general liability insurance naming the city as additional insured with limits of not less than one million dollars (\$1,000,000) per occurrence for bodily injury, personal injury and property damage and with a general aggregate limit of not less than two million dollars (\$2,000,000). Such insurance shall be primary and noncontributory to any insurance carried by the city and the insurance shall not be terminated or cancelled for any reason without thirty (30) days advance written notice to the city. This insurance shall not be required for residential block events, parades and noncommercial expressive activities protected under the first amendment of the constitution of the United States.

Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please list these entities. If not, please explain:

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Do you have a sample of the notice and press release that you propose to distribute two weeks prior to your event? If yes, please attach. If no, please explain:

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### POLICE DEPARTMENT

Do you plan on having music at your carnival? Yes No

- If so, did you read the sound requirements in the general information section? Yes No

Do you plan on serving alcohol? Yes No

\*\*\* If so please attach the Liquor License application. To obtain a Liquor License, please contact the City Clerk's Office at (847)931-5660 at least 60 days prior to the carnival.

Explain your event security and parking plan: \_\_\_\_\_

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## CARNIVAL PERMIT APPLICATION

Do you plan on hiring outside security? Yes      No

\*\*\* If so please indicate the security company name: \_\_\_\_\_

Security company contact information: \_\_\_\_\_

\*\*\* If so, please specify how many and at what locations: \_\_\_\_\_

Do you plan on requiring a minimum ticket purchase at the entry points in order to enter the carnival grounds? Yes      No

\*\*\* If so, what is the amount and is it per person or per family? \_\_\_\_\_

Do you plan on city street or parking lot closures? Yes      No

\*\*\* If so please attach the Street/Parking Lot Closure application.

\*\*\* Any City Street/City Parking lot Closure will only be approved if notices to the residents and businesses are sent, a press release is sent to the media, and signs to the public are posted. Please attach a sample of each to the Street/Parking Lot Closure application.

### PUBLIC WORKS DEPARTMENT

Do you plan on having portable restrooms and sinks at your carnival? Yes      No

\*\*\*If so, please indicate the number of each:

Regular Port-o-lets: \_\_\_\_\_ Handicapped Port-o-lets: \_\_\_\_\_ Hand Washing Sinks: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Scheduled Delivery Date: \_\_\_\_\_ Scheduled Pick-up Date: \_\_\_\_\_

Do you plan on providing a dumpster(s)? Yes      No

How Many: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Scheduled Delivery Date: \_\_\_\_\_ Scheduled Pick-up Date: \_\_\_\_\_

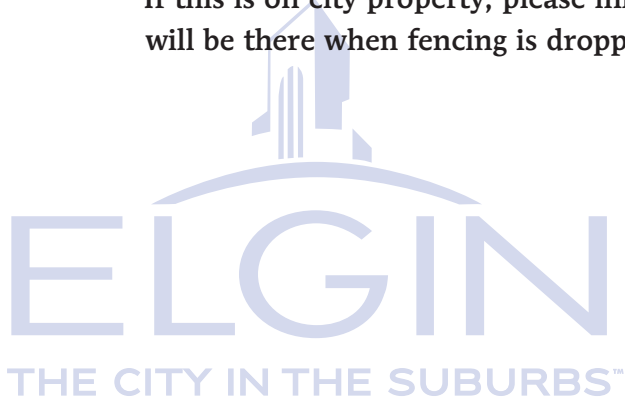
Location: \_\_\_\_\_ Sizes: \_\_\_\_\_

\*\*\*If this is on city property, please initial that someone from the event sponsor's organization will be there when dumpsters/port-o-lets/hand washing sinks are dropped off, serviced, and picked up. \_\_\_\_\_

Who is your fencing supplier? \_\_\_\_\_

*(please refer to the general information guide for all fencing requirements)*

\*\*\* If this is on city property, please initial that someone from the event sponsor's organization will be there when fencing is dropped off, set up, and picked up. \_\_\_\_\_



## CARNIVAL PERMIT APPLICATION

Please sign below stating that all of the above referenced City ordinances and policies have been read, agreed to, and will be followed by the carnival sponsor in accordance with the proposed special event.

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

*(without a proper signature the application is incomplete and will not be considered)*

Thank you for completing your Carnival Permit Application. Before you submit the application, please make sure the following has been completed:

- Sign and date your application
- Fill out all sections of the application
- Attach your scaled layout that includes: fencing, port-o-lets, dumpster, etc.
- Attach your certificate of insurance
- Indicate your medical, security and parking plans
- Provide additional applications if needed: tent, street closure, temporary food, etc.
- Provide a sample of a notice and press release