

# Event Application-Sheffield, IL

[sheffofcmgr@gmail.com](mailto:sheffofcmgr@gmail.com)

[www.sheffieldil.org](http://www.sheffieldil.org)

(815)454-2034 office



This application must be completed, signed and forwarded to the Village of Sheffield at least forty-five (45) days prior to the first day of the event (unless authorized by the Village Board). Applications submitted less than 45 days prior to the event may be denied or subject to additional review fees. Any misrepresentation in this application or deviation from the final agreed method of operation described herein, may result in the immediate revocation of the permit. Submittal of this application in no way constitutes Village of Sheffield's approval of the event. Approval is at the discretion of the Village of Sheffield Board or designated Village representative after application review. **Please type or print information clearly and attach additional sheets as necessary**

Name of Event: \_\_\_\_\_

1. EVENT INFORMATION: Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

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Additional Setup/Take Down Dates and Times: \_\_\_\_\_

TOTAL Attendance Expected (including volunteers): \_\_\_\_\_

Is this event public or private?  Public  Private

Has this event been produced before?  Yes  No

Is this an Annual Event?  Yes  No

Are there any changes from previous years?  Yes (on the back or attach sheet)  No

2.SPONSORING ORGANIZATION \_\_\_\_\_

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

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

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

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

City, State, Zip: \_\_\_\_\_

Use of Village property or services: Please **list** all items you are requesting that the V.O.S provide for the event

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. INSURANCE**

Evidence of insurance with (minimum \$1,000,000 per occurrence) must be provided to the Village of Sheffield listing the Village as an additional insured within Fifteen (15) days of application request. Permission will not be issued until all insurance requirements have been received, verified and approved. Failure to provide proof of such coverage shall be grounds for denial of the application. It is the sole responsibility of the applicant to obtain this insurance. E-mail your proof of insurance to the Village Office [sheffofcmgr@gmail.com](mailto:sheffofcmgr@gmail.com) Contact information on page 1 of this application.

**4. AGREEMENT TO ABIDE BY RULES REGULATIONS**

In the event the applicant is a corporation, partnership, association, club, society, or group, the person signing this agreement for such entity represents to the Village that he/she has full authority to sign such contract and, in the event that he/she is not so authorized, that he/she will be personally liable for the faithful performance of this agreement. The terms and condition, together with the attached rules and regulations shall constitute a contract between the applicant and the Village of Sheffield. I have read all of the attached printed rules and regulations for use of the Village of Sheffield facilities. I understand and plan for the group I represent to abide by all of the printed rules and regulations.

**5. SIGNATURE**

I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly. All documents received by the Village of Sheffield are public documents and subject to public disclosure in accordance with the State Public Disclosure Act.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**6. FACILITY USE - Designate Facility:**

Community Ctr - donation (\$25 minimum)

Shelter and/or Veterans Park \$25 Fee

request for fee to be waived for

Shelter and/or West(Homecoming) Park \$25 Fee

non-for-profit org.

Other (explain) \_\_\_\_\_

**7. ALCOHOL**

Will alcohol be sold or consumed?  Yes  No

The sale, service and consumption of alcoholic beverages are subject to the Illinois Liquor Control Commission regulations, licensing and permit requirements. Temporary licenses are issued on a case by case basis. Applicant must apply for a Temporary License 30 days prior to the event and pay applicable fees

**8. NEIGHBORHOOD**

Please provide a community outreach and notification plan with your application for events such as parades, road races, festivals, with details regarding how residents and businesses will be notified in the neighborhood where your event takes place, impact to parking areas or amplified sound:

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**9. AMPLIFIED SOUND/MUSIC**

Special review is required if your event has Amplified sound (PA system) or music after 10:00pm or during early morning hours before 7:00 am on weekdays and 9:00am on weekends.

Does your event have amplified music and entertainment?  Yes  No

**10. RECYCLE & TRASH**

Village of Sheffield suggests vendors and organizers for festivals, special events and official gatherings to consider recycling containers at events where beverages in cans and/or bottles are sold.

Will beverages in cans or bottles be sold?  Yes  No

Will Recycling Bins be used?  Yes  No

## 11. STREET USE

Events that require the use or closure of public streets are required to submit a detailed description of the intended usage and/or closure and detailed maps to support the request. Barricades, traffic cones, "No Parking" signs, etc., may be required by Village of Sheffield

Does your event require any street closures?  **Yes**  **No**

Do you plan to use street parking spaces?  **Yes**  **No**

If your event requires either of these, or affects any streets, please attach a detailed map and description of the areas affected.

What times are you requesting to close the streets? \_\_\_\_\_

Start Time: End Time: \_\_\_\_\_

## 12. POLICE / SECURITY

Special events may require the use of extra security for crowd control or other purposes. These needs will be determined at your event review.

Additional Security or Crowd Control Request:  **Yes**  **No**

OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS LINE

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Application received: \_\_\_\_\_ Application approved: \_\_\_\_\_  
Date Date

Application denied: \_\_\_\_\_ Reason: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature