



VILLAGE OF ARLINGTON HEIGHTS
 Department of Building & Life Safety
 33 S. Arlington Heights Rd.
 Arlington Heights, IL 60005
 Phone (847) 368-5560
 Fax (847) 368-5975
 Website: Building@vah.com

20 AMUSEMENT LICENSE APPLICATION

SECTION #10-501

APPLICATION MUST BE MADE 30 DAYS PRIOR TO EVENT.

NAME OF COMPANY: _____ PHONE #: _____
 COMPANY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 FEIN #: _____ ST. IBT #: _____
 PRESIDENT/OWNER OF COMPANY: _____ PHONE #: _____
 PRESIDENT/OWNER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

TYPE OF AMUSEMENT/EVENT: _____ ESTIMATED ATTENDANCE: _____
 NAME OF ESTABLISHMENT WHERE AMUSEMENT/EVENT WILL BE HELD: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 CONTACT PERSON: _____ PHONE #: _____

THE FOLLOWING ARE LISTED AS AMUSEMENT.

Any theatrical, dramatic, musical or spectacular performance; any motion picture show; any flower, poultry or animal show or animal act; any circus, rodeo, carnival or bazaar; any musical concert; any dance; any race, auto or aerial show; any athletic contest, game, sport or similar exhibition for public entertainment and/or participation, whether performed indoors or outdoors, or both.

TYPE OF EVENT	FEES/ADDITIONAL REQUIREMENTS/BONDING
PUBLIC DANCE	\$115.00 per dance.
ATHLETIC CONTEST	\$175.00 per day or 3% of gross receipts, which ever is greater
THEATRE, CABARET OR NIGHT CLUB	Annual fee \$575.00 Daily fee \$25.00.
CIRCUS/CARNIVAL	\$175.00 per day or 3% of gross receipts including parking, which ever is greater Parade connected with circus on public street shall require liability insurance on operation of circus for combined single limit of \$500.00. Automobiles used in connection with circus not less than \$250,000/one person \$500,000 one accident of bodily injury and \$100,000 for property damage.

THE FOLLOWING ITEMS MUST BE EMAILED WITH THE LICENSE APPLICATION TO BUILDING@VAH.COM:

1. Building permit application.
2. 1 copy of site plan showing set-up for event.
3. Electrical permit application with copy of license.
4. List of food vendors (if applicable).
5. Temporary event food service application (if applicable).
(Provided by the Health Department).

PLEASE PROVIDE THE NAME OF THE INDIVIDUAL OR INDIVIDUALS WHO SHALL BE THE RESPONSIBLE PARTIES FOR THE ACTIVITIES UNDERTAKEN WITHIN THE VILLAGE OF ARLINGTON HEIGHTS.

NAME: _____ TITLE: _____ HOME PHONE: _____
 HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____ DRIVERS LICENSE #: _____ STATE WHERE ISSUED: _____

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE ORDINANCES AND THE RESULTS OF ANY INSPECTION OF THE ABOVE PREMISES AT THIS TIME OR ANY SUBSEQUENT INSEPTION WHILE THIS LICENSE IS IN FORCE. FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OR REVOCATION.

HAVE YOU BEEN CONVICTED OF A CRIME EXCEPT MINOR TRAFFIC VIOLATIONS? YES NO IF YES PLEASE PROVIDE BELOW THE DATE, CITY AND STATE WHERE THE ARREST(S) TOOK PLACE, THE SPECIFIC CHARGES THAT WERE FILED AND THE DATE OF THE COURT DISPOSITION AND SENTENCE IMPOSED IF APPROPRIATE.

SIGNATURE OF APPLICANT: _____ TITLE: _____ DATE: _____

FOR OFFICE USE ONLY

CONTROL #: _____ **PERMIT #:** _____ **DATE RECEIVED:** _____ **DATE ROUTED:** _____

LICENSING DEPARTMENT: **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____

FIRE SAFETY: **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____

FIRE DEPARTMENT: **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____

HEALTH DEPARTMENT **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____

PLANNING DEPARTMENT **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____

POLICE DEPARTMENT **APPROVED** **DENIED** **DATE:** _____

Reason for rejection: _____

Notes: _____