



Village of Maywood

Department of Community Development
40 Madison Street
Maywood, Illinois 60153

Phone: 708 450-4404

Fax: 708 450-4893

www.maywood-il.org

SPECIAL EVENT PERMIT APPLICATION (PLEASE TYPE OR PRINT)

Sponsoring Organization:

Sponsoring Organization address:

Contact Person:

Phone Number(s) Cell: () Other: ()

E-mail:

Name of Event:

Date(s): Hours:

Event Location:

Property Owner:

Property Owner's Address:

Property Owner's Phone Number: ()

Is the Event Location Village Owned Property? ☐ YES ☐ NO

Set up Date:

Dismantling Date:

TYPE OF EVENT

- ☐ Sporting Event / Run / Walkathon ☐ Sidewalk Sale / Craft or Art Fair
☐ Festival ☐ Parade
☐ Carnival/Circus ☐ OTHER (explain) _____
☐ **PROOF that required state and county licenses have been issued to promoter / carnival operator (if applicable)**

LIABILITY INSURANCE REQUIRED FOR ALL EVENT TYPES

Liability Insurance

Effective immediately there will be a change in the insurance requirement necessary for special events held in the Village of Maywood. The certificates of insurance naming the Village of Maywood, as an additional insured are no longer acceptable. Instead, we require endorsements from the insurance company listing the Village as named insured for the specific dates of the event.

Be sure to add time to the event planning timeline because this process can take up to two weeks. When ordering the endorsement showing the Village as a named insured, please ask the insurance company to send a written letter to the Office of the Village Clerk acknowledging that the endorsement is forthcoming. This letter as well as the endorsement itself should be forwarded to: Special Events, Office the Village Clerk, 40 Madison Street, Maywood,, IL 60153, or by fax to ??????. The special event policy must include the following minimum amounts:

- \$1,000,000/occurrence
- \$2,000,000/total aggregate claims

Hold Harmless Agreement

For most types of activities, the Village will require a Hold Harmless Agreement on your organization's letterhead using the following suggested language. The agreement must be signed by an authorized representative of your organization.

"To the fullest extent permitted by law, the (applicant/organization name) agrees to defend, pay on behalf of, indemnify and hold harmless the city of Maywood, its elected and appointed officials, employees and volunteers and others working on behalf of the Village; against any and all claims, demands, suits, loss, including all costs connected therewith, for any damages which may be asserted, claimed or recovered against or from the Village of Maywood, its elected or appointed officials, employees, volunteers or others working on behalf of the Village of Maywood,, by reason of personal injury, including bodily injury and death; and/or property damage, including loss or use thereof, which arises out of or is in any way connected or associated with the activity authorized by this permit."

Authorized Signature

Date

Description General & Projected Attendance:

Please outline the proposed alternative plan should cancellation be required due to inclement weather.

Will there be a rain date? ☐ YES ☐ NO

Proposed Plan:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --

(Indicate on map or site plan if applicable)

_____ ENTERTAINMENT

*List all entertainment performances, including date, beginning time, ending time, and indicate if amplification equipment will be used (**Liability Insurance Required**):*

_____ CARNIVAL/ CIRCUS (Liability Insurance Required)

Provider Name:

Address:

City:

State:

Contact Person:

Phone Number(s) Day: ()

Other: ()

E-mail:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --

(Indicate on map or site plan if applicable)

_____ **FOOD VENDOR(S)**

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID number

A COPY OF THE VENDOR'S SANITATION LICENSE MUST BE ATTACHED

FOOD MUST BE PREPARED IN COMMERCIAL KITCHEN – NEED COMMERCIAL KITCHEN LETTER

NEED CERTIFICATE OF LIABILITY INSURANCE

Name	Address	Phone	Tax ID Number

_____ **MERCHANDISE VENDOR(S)**

List each Vendor's Name, Address, Phone Number and Illinois Sales Tax ID number

NEED CERTIFICATE OF LIABILITY INSURANCE

Name	Address	Phone	Tax ID Number

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ TENTS/BOOTHS

Provider Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: ()

Other: ()

E-mail: _____

List Exact Size and Description:

GARBAGE REMOVAL (ALL areas must be left clean of debris)

Provider Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: ()

Other: ()

E-mail: _____

_____ ELECTRIC POWER SOURCE

Provider Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: ()

Other: ()

E-mail: _____

Description:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ PORTABLE RESTROOM FACILITIES

Provider Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: () _____

Other: () _____

E-mail: _____

How many facilities will be supplied? _____

How many hand-washing stations will be supplied? _____

_____ NOTIFICATION OF RESIDENTS

Will any residents be affected by this event? If so, how will they be notified? Description:

_____ ADVERTISING AND SIGNAGE *(All temporary signs must be removed the morning after the event ends. Please attach a copy of the publicity plan and/or banners and flyers)*

Will signs or banners be used?

☐ **YES**

☐ **NO**

Please list all proposed locations for signage:

-- PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT: --
(Indicate on map or site plan if applicable)

_____ TRAFFIC CONTROL/BARRICADES

If barricades are needed, indicate quantity, when, and where to deliver them:

Address: _____ Phone Number(s) Day: () _____

PARKING

Indicate parking areas identified to accommodate attendees including handicap parking, employees and public service vehicles:

VILLAGE SERVICES:

_____ Fire Truck _____ Ambulance _____ Police Car

_____ Sponsorship _____ Co-sponsorship

SAFETY AND SECURITY:

(Event will be invoiced at _____ per hour, per employee for services rendered)

Please check all Emergency Departments from whom you will need assistance:

_____ Traffic Control

_____ Money Escorts

_____ Crowd Control

_____ Night Security

_____ Police/Security

_____ Emergency Medical Assistance

_____ Ambulance/EMT

_____ Fire Department (Pyrotechnics)

Estimated Number of Hours Services will be needed: _____

Contact Information of the person responsible for payment:

Name: _____

Address: _____

City: _____

State: _____

Phone Number(s) Day: ()

Other: ()

E-mail: _____

Please SUBMIT 6 COPIES of the application and attach the following if applicable:

_____ Liquor - You must complete a Liquor License Application (*45 day turn around*)

_____ If food is to be served, Proof of the use of Commercial Kitchen (usually letter provided on letterhead)

_____ \$1,000,000 Limited Liability Insurance naming the Village of Maywood as a beneficiary

_____ Parade Permit Application

_____ Written Authorization from Property Owner

_____ Map or Site Plan

Village Approvals:

Police Department: _____ **Date:** _____

Fire Department: _____ **Date:** _____

Public Works: _____ **Date:** _____

Code Department: _____ **Date:** _____

Managers Office: _____ **Date:** _____

NOTE: If the event is being held on Village owned property a Hold Harmless Statement **MUST** be signed by application prior to forwarding on for approval.



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WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

In consideration of the approval and issuance of a special event permit by the Village of Maywood, I, the undersigned, individually (for myself, my heirs, personal representatives or assigns) and for and on behalf of _____ (hereinafter collectively referred to as "Applicant") agree as follows relative to the Village of Maywood the Village and its appointed and elected officials, officers, representatives, agents, engineers, attorneys, employees and volunteers (hereinafter collectively referred to as "Village") regarding any possible injuries, deaths, loss, damages, claims, suits, liabilities, judgments, cost and expenses (including reasonable attorneys' fees), which may in any way accrue against the Village (hereinafter collectively referred to as "Claims") related to or stemming from this special event:

(name of event)

Waiver: As Applicant, I do hereby release, waive, discharge, any and all potential Claims against the Village and covenant not to sue the Village, from all liability arising from any and all Claims.

Assumption of risk: As Applicant, I acknowledge and agree that by Applicant's holding of the special event, Applicant is assuming the risk of any and all injuries that Applicant may sustain or Claims that may arise. I acknowledge that Applicant's holding of the special event and assumption of risk is entirely voluntary.

Indemnification and hold harmless: As Applicant, I agree to INDEMNIFY AND HOLD the Village HARMLESS from any and all Claims and to reimburse the Village for any expenses incurred due to any Claims.

Severability: This Agreement is intended to be as broad and inclusive as is permitted by the law of Illinois. Any portion of this Agreement which is held invalid shall not affect the enforceability or validity of any other provision found herein.

Acknowledgement of Understanding: I have the authority from my group/organization to sign and submit a special event application and this Waiver of Liability, Assumption of Risk and Indemnity Agreement on its/their behalf. I have read this Agreement, fully understand its terms and legal significance, and understand that the Applicant is giving up its right to sue for injuries relating to participation in the Event and also am agreeing to reimburse the Village for any liability it may incur as provided herein. I acknowledge that I, on behalf of Applicant, am signing the Agreement freely and voluntarily, and intend my signature to be complete and unconditional to the greatest extent allowed by law.

APPLICANT/SPONSORING AGENCY:

VILLAGE OF MAYWOOD:

Signature

Signature

Printed Name & Title

Printed Name & Title