



Monday, November 26, 2018

City of Rochelle
Attn: City Manager
420 N 6th Street
Rochelle, IL 61068

To the Rochelle City Manager and Rochelle City Council,

We are "Let the Shenanigan's Begin"!

In 2016 we established a group of individuals with Irish roots that would like to celebrate the Irish American Month of March. The group has formed a committee which would like to hold a parade/event in Rochelle on Saturday, March 9th, 2019. This yearly event is scheduled for the Saturday before St. Patrick's Day. The celebration would be called "Irish Hooley 2019" and is a family friendly event held downtown from 12pm-3:30pm, with the parade at 11:30. In 2019 we have moved the parade time up to 11:30 to kick off the event. The parade will wind it's way downtown and lead the parade watchers to the event!

The committee would like to respectfully request the closure of the following streets and parking lots on Saturday, March 9th.

- City Parking Lot #8 near the gazebo
- The parade route would start at Lincoln Hwy and 7th Ave travel to Cherry Ave, turn and proceed to Main St. The parade would end on Main St by parking lot #8. This would include street closure of Main St from 4th Ave to 5th Ave.
- Parade line-up would require additional closure on 6th Street from 5th Ave to 7th Ave. Additional street closures may be requested at a later date, if needed due to amount of parade participants.

The committee is in the preliminary stages of planning and would need approval to continue the event planning. The community celebration would include those with Irish roots and those that are "Irish for the Day". The family friendly event is free to the public.

We appreciate your consideration and are extremely excited about the opportunity to host the event downtown.

Sincerely,

Irish Hooley Planning Committee
Nancy L. Bingham
Deana Bingham
Jackie Ramsey
Jodi Hart



City of Rochelle

417 N. 6th Street
Rochelle, IL 61068
T#:815-562-8717; F#: 815-562-4178
www.cityofrochelle.net

Application for Special Event Permit

Application for **NEW EVENTS** must be submitted a minimum of **45 days** before event date.
*Incomplete application will **NOT** be accepted.*

RETURN FORM TO: Michelle Pease, Community Development Department, PO Box 601, Rochelle, IL 61068

1. Event Information

a) Name of Event: Lucky's St. Paddy's Day Parade & Irish Hooley

b) Location of Event: Downtown and Parking Lots on Main St

Is the premises: Indoor Outdoor Is the premises: Public Private

c) Date of Event: 3/9/2019 d) Time(s) Start: 11:30 am/pm Finish: 3:30 am/pm

e) **TYPE OF EVENT: Check all that Apply**

Outdoor Liquor Public Property Fireworks Raffle Festival/Fair Race/Walk/Bike Ride

Other Not Listed. Explain: Parade

f) Estimated attendance: 200+ Demographic (age) of crowd: ALL

g) Street or Parking Lot closure request? (please circle) Yes No

**Council approval for street or parking lot closures and use of city property*

If yes, name street or lot number: Lot #8, Main St @ 4th Ave & 5th Ave

Reason for closure: Parade & Hooley

2. Organization Hosting Event

a) Organization/Committee/Company Subcommittee - City of Rochelle

Address _____ City/State/Zip _____

Day Phone _____ Cell _____ Fax _____

3. Contact Person/Applicant – Person Responsible For This Event

a) Name Nancy Bingham

Address _____ City/State/Zip _____

Day Phone 815-757-1308 Cell 815-751-1491 Fax _____

E-Mail _____ Relationship to organization: _____

4. Contact Information of All Event Planners Responsible For This Event - contact info is for someone that would be available the day of the event, in case needed.

Name	Address	Phone/Cell #	E-mail

City of Rochelle
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5. For An Event That Will Involve Liquor and/or Entertainment

Notes:

Hours of Liquor Sales and/or Entertainment

*Entertainment 12 noon To 3:30 pm

*Liquor Sales _____ To _____

*Entertainment and Liquor Sales Must Cease by 11:00 p.m.

a) Name of business providing alcohol: NONE

b) **City Liquor License No.: _____

c) Alcoholic liquor at the event will be: Served Sold Served and Sold

d) Number of servers and number of BASSET/TIPS trained staff that will be present at the event: _____

***It is the liquor license holder's responsibility to comply with any State requirements.*

6. Attach the Following To This Application

- a. **Copy of Proof of Insurance** naming the "City of Rochelle" as an additional insured including name and date of the event in the amount of \$1,000,000.00 in general liability, and if alcoholic liquor will be served/sold, liquor liability in the amount of \$1,000,000.00.
- b. **Letters of permission /notification** from any property owner(s) affected that may necessitate a street closure or the acquisition of temporary easements, use of leased land or as otherwise required.
- c. **Building permit applications** if building permits are required, applications signed by licensed contractors required in accordance with the City of Rochelle's Code provisions. Provide a detail of any temporary or permanent changes, additions, and/or deletions to any structural, electrical, mechanical or plumbing systems necessary to conduct the special event.
- d. **Detailed site plan showing:**
 - 1. Location where the event will be held including any existing or proposed accessory structures (stage, beer station, etc)
 - 2. Temporary fencing.
 - 3. Location of refuse and portable restroom facilities.
 - 4. Electrical supply and water services needed.
 - 5. Parking arrangements if necessary: On-site and off-site
- e. **Cleaning Fee** may be required if extensive cleaning is required after event \$100 and up.
IF the event is held on city property:
- f. **Fireworks** need to provide a certificate of insurance
- g. **Carnival** needs certificate of insurance showing proof of worker's comp and one with general liability
- h. **Food Vendors** will need certificate of insurance and food license

7. Original Signatures Requires – Facsimiles or Copies Will Not Be Accepted

I, the undersigned/applicant hereby state that the information contained in the application is true and correct to the best of my knowledge.

DATE: 11/20/18

PRINT NAME: Nancy Bingham SIGNATURE: Nancy Bingham

RETURN FORM TO: Michelle Pease, Community Development Department, PO Box 601, Rochelle, IL 61068