

Mailed to SUE on 10/1/18



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: Hispanic Heritage festival
b) Location of Event: Downtown Rochelle by the gazebo

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

c) Date of Event: 9/14/19 d) Time(s) Start: 4 am/pm Finish: 11:00 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: _____

f) Estimated attendance: 200 Demographic (age) of crowd: multicultural all ages

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: Street in front of Lupitas Grocery store and parking lots south of gazebo (all 3)
Reason for closure: for safety and room for vendors

2. Organization Hosting Event

a) Organization/Committee/Company Hispanic Heritage festival
Address _____ City/State/Zip Rochelle IL 61068
Day Phone 815 562 4520 Cell 815 993 6336

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

a) Name Rosaelia Arteaga
Address 221 W. McConaughay City/State/Zip Rochelle, IL 61068
Day Phone 815 562 4520 Cell 815 993 6336 Fax _____
E-Mail raarteaga@d231.rochelle.net Relationship to organization: member

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
<u>Norbe</u>	<u>Rochelle</u>	<u>(815) 979-8410</u>	
<u>Aguirre</u>	<u>Rochelle</u>		
<u>Strano</u>	<u>IL</u>		

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

Notes:

Hours of Liquor Sales and/or Entertainment

*Entertainment 4 To 11

*Liquor Sales 4 To 11

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

- a) Name of business providing alcohol: Tecalitlan, EL Señor de Los
 - b) **City Liquor License No.: Tacos
 - 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

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

DATE: 9/27/18

PRINT NAME: Rosnelia Arceaga

SIGNATURE: [Signature]