



Village of Maywood

www.maywood-il.org

40 East Madison Avenue, Maywood, IL. 60153

(708) 450-6360

SPECIAL EVENT APPLICATION

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#: _____

Is the Event Location Village Owned Property? Circle one YES NO

Set up Date: _____ Dismantling Date: _____

Type of Event:

_____ Sporting Event/Run/Walkathon _____ Sidewalk Sale/Craft or Art Fair

_____ Festival _____ Parade

_____ Carnival _____ Other (explain) _____

PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT:

_____ FOOD VENDOR(S)

**List vendors name, address, phone number and Illinois Sales Tax ID number
A COPY OF THE VENDOR'S SANITATION LICENSE MUST BE ATTACHED**

Name	Address	Phone	Tax ID Number

_____ MERCHANDISE VENDOR(S)

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

Name	Address	Phone	Tax ID Number

PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT:

_____ **TENT/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: _____

PLEASE CHECK ALL THAT WILL BE INCLUDED IN YOUR EVENT:

_____ **ELECTRIC POWER SOURCE**

Provider Name: _____

Address: _____ **City:** _____ **State:** _____

Phone Number(s) Day: () _____ **Other:** () _____

E-mail: _____

Description:

_____ **PORTABLE RESTROOM FACILITIES**

Provider Name: _____

Address: _____ **City:** _____ **State:** _____

Phone Number(s) Day: () _____ **Other:** () _____

E-mail: _____

Description:

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

Description:

____ **TRAFFIC CONTROL/BARRICADES**

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

Name: _____

Address: _____ **Phone Number ()** _____

PARKING

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

vehicle _____

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))**

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

_____ **Parade Permit Application**

_____ **Written Authorization from Property Owner**

Village Approvals:

Police Department: _____ Dated _____

Fire Department: _____ Dated _____

Public Works: _____ Dated _____

Code Department: _____ Dated _____

Managers Office: _____ Dated _____

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.



Village of Maywood

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") agrees 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: _____.

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