

SPECIAL EVENT APPLICATION



\$50 Application Fee Cash Check No. _____ Date: _____

Event Information

Name of Event:

Date(s) of Event:

Hours of Event:

Type of Event / Description:

Location(s) of Event:

Event Website:

Is this an Reoccurring event? Yes No

Estimated Attendance: _____

If yes, date(s) for next event:

Last event's actual attendance: _____

Purpose of Event:

Name(s) of Sponsoring Organization(s):

Name(s) of Property Owner(s) if different from Sponsoring Entity:

Organization Type: Corporate Private/For Profit Not-for-Profit Other: _____

Contact Information - Minimum of two (2) Contacts are required at the time of Application

Contact Person:

Cell Phone:

Address (village/state/zip):

E-mail Address:

Secondary Contact:

Cell Phone:

Address (village/state/zip):

E-mail Address:

Event Permits & Details

Will this event include any of the following:

Alcohol <input type="radio"/> Yes <input type="radio"/> No	Amplification <input type="radio"/> Yes <input type="radio"/> No	Tents <input type="radio"/> Yes <input type="radio"/> No	Electricity <input type="radio"/> Yes <input type="radio"/> No
Are you providing <input type="radio"/> Yes	Fireworks <input type="radio"/> Yes <input type="radio"/> No	'Outdoor' Food Service <input type="radio"/> Yes <input type="radio"/> No	
Private Security <input type="radio"/> No	Street Parking <input type="radio"/> Yes <input type="radio"/> No	Adjacent Property Parking <input type="radio"/> *Yes <input type="radio"/> No	
*If "Yes" Provide written Authorization for Adjacent Property Parking		Police Services <input type="radio"/> Yes <input type="radio"/> No	
Closure of Village-owned streets <input type="radio"/> Yes <input type="radio"/> No		S/Fire Dist. Services <input type="radio"/> Yes <input type="radio"/> No	

Emergency Phone Tree - Minimum of Four (4) Contacts are Required at time of Application

Emergency Contact Information

Primary Contact:	Secondary Contact:
Title:	Title:
Phone No.:	Phone No.:
Tertiary (3rd) Contact:	Operations Manager:
Title:	Title:
Phone No.:	Phone No.:

Miscellaneous Site Managers and Contacts / Required

Name:
Title:
Phone No.:
Name:
Title:
Phone No.:
Name:
Title:
Phone No.:
Name:
Title:
Phone No.:

Emergency or Crisis Management Procedures

Please submit your Emergency Action Procedures/Plan (EAP) for your event or use the provided example. If you need additional space, please attach a separate document.

Emergency/Crisis Management Procedures

1. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential effects on patrons, property and/or equipment).

_____ has designated _____ with the responsibility of being the **CRISIS MANAGER (CM)**. This position will empower the designated person to make decisions on behalf of _____, coordinate with local authorities for an action plan and to make any statements to the press (if applicable).

2. In the case of any incident, accident or anything deemed "out of the ordinary" (including inclement weather and its potential effects on patrons, property and/or equipment) ALL staff will be instructed to:
 - a. Act as quickly and professionally as possible;
 - b. To contact their immediate supervisor and/or the on-site management representative;
 - c. Have as much factual information available as possible - not to speculate as to the cause of the incident, accident, etc., unless requested by the CM;
 - d. Follow the directions of the immediate supervisor and/or the on-site management representative explicitly;
 - e. If necessary, recommend that attendees immediately leave the area in a calm, organized manner, seek shelter and/or go to their vehicles.
3. These steps should be taken immediately following any incident/accident:
 - a. Get medical help to the parties involved (if applicable);
 - b. Call the police or other authorities and report any accident;
 - c. Work with sound/announcer, lighting, etc. to inform the patrons of necessary information and/or divert the patrons' attention;
 - d. Identify witnesses to the incident(s) to obtain statements if necessary;
 - e. Contact a Site Manager for an Incident Report;
 - f. Resume scheduled activity as soon as possible (subject to #5 below).
4. The CM will communicate to all staff, volunteers, and other personnel that all communication with the press, police, or any other authority will be handled solely by the CM. Police may request information from event personnel and everyone will cooperate with the police department. We will not interfere with police investigations and/or action plans and we will provide the police with materials available upon their request.
5. The CM will immediately contact the Willowbrook Police Department and Tri-State Fire Protection District with respect to the incident. If it is determined conditions are so extreme the event cannot continue, the CM will consult with the Willowbrook Police and Tri-State Fire Protection District to discuss alternatives.
6. An official statement will be written and given to the CM as soon as it can be formulated. No personnel or staff should offer any information to any media other than the provided statement.

Site Plan and/or Route Map

Please use the space provided to accurately outline the event's site plan. If requesting or using any of the resources shown, please indicate as such with the corresponding symbol below.

▲ Tent / Covered Structure	— Event Perimeter	R Restrooms	----- Race / Walk Route
E Electric / Power Generation	□ Tables	B Barricade	FV Food Vendor
■ Paramedics/Aid Station	xxx Liquor Sales/Consumption Area	→ FL Fire Lane	→ Directional
V Volunteer	★ Security Checkpoint	G Garbage Can	D Dumpster
S Stage	WS Water Station	C Other _____	

Indemnification / Hold Harmless

In consideration of the Village of Willowbrook permitting the _____
(name of organization)

("Organization") to conduct _____ ("Event"), the Organization
(name of event)

recognizes, acknowledges and assumes any and all risks arising from or in any way related to the Event.

To the fullest extent permitted by law, the Organization hereby agrees to defend, indemnify and hold harmless the Village of Willowbrook its officers, officials, employees and agents from and against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs, and expenses (including reasonable attorneys' fees and costs), arising from, or resulting from or in any way related, directly and/or indirectly to the Event, except that arising out of the sole legal cause of the Village of Willowbrook, its officers, officials, employees, and agents.

The Organization shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and, if any judgment shall be rendered against the Village of Willowbrook, its officers, officials, employees and/or agents, in any such action, the Organization at its own expense shall satisfy and discharge same.

The invalidity of any provision(s) of this INDEMNIFICATION/HOLD HARMLESS or unenforceability of any of its provisions shall not affect the validity or enforceability of the remainder of this INDEMNIFICATION/HOLD HARMLESS.

The Organization and the authorized signatory below warrant and represent that the authorized signatory below has full authority to execute and submit this application, including, but not by way of limitation, the INDEMNIFICATION/HOLD HARMLESS provisions contained herein.

The Organization and the authorized signatory below agree to inform the Village of Willowbrook of any changes in the application at least thirty (30) days prior to the event.

Name of Organization _____ by _____
Date _____
Authorized Signatory Signature _____

Signed and sworn to before me this _____ day of _____, 202____

Notary Public Signature

All applications must be signed and notarized.

(Notary Stamp)

After submitting all forms, your application will be reviewed by Village staff. All departments that will be involved in providing services or permits for the event will be notified. **Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services and scheduling of other events.**

The Village of Willowbrook reserves the right to cancel any event at any time for reasons deemed necessary by the Village Administrator or his/her Designee, or Tri-State Fire Protection District Personnel.

Deliver all completed items to: Village of Willowbrook, 835 Midway Drive, Willowbrook, IL 60527, Attn: Sean Halloran.

FOR OFFICE USE ONLY

Date Application Received:	Permit Fees:			
Permit Number:	Check No. Cash			
Special Event Meeting Date:	Gov Svcs	LCC	Gov Ops	P&D
Village Committee Date:	Village Board Date:			
Approval from IDOT:	Approval from Parks Dept:			
Fee estimates:	Police:	PW:	Fire/EMA:	
Other fees:				

Special Event Meeting Notes