



Village of Wauconda Special Event Permit Application

★ **Questions / Completed Form to: Alise Homola, Village Events Coordinator**
Direct Line: 847-526-9600 ext 112, Direct Fax: 847-526-8809
Email: ahomola@wauconda-il.gov

101 North Main Street
Wauconda, IL 60084

Date of Application: _____

Permit Number: _____

Type of Event: Block Party Parade Athletic Festival Other _____
 Lake Event / Fishing Tournament Public Assembly

Applicant Information:

Name: _____ Address: _____

Telephone: Day: _____ Evening: _____ Fax: _____ Cellular: _____

Email Address: _____@_____

Event Information: **(Please Complete All Applicable Information, Incomplete applications will not be excepted.)**

Name of Event: _____ Date of Event: _____

Location of Event: _____

Event Sponsor / (If Different): _____

Event Starts: _____ Ends: _____ Road Closure Starts: _____ Ends: _____

Road Closure / Blockage: Yes No **(please review Road Closure Policy & submit a site map.)**

Time of Closure / Blockage: Starts: _____ Ends: _____ Are Barricades / Cones needed: Yes No

Person in Charge Day of Event: Name: _____

Telephone: Day: _____ Evening: _____ Fax: _____ Cellular: _____

Email Address: _____@_____

Route Information: **(Parades / Athletic Events / Public Assembly - Route Map Required)**

Assembly Area: _____ Completion Point: _____

Number of Participants: _____ Estimated Number of Cars: _____

Alcohol Being Served: Yes No Location Being Served: _____

Food Being Served: Yes No Location of Food Preparation: _____

Temporary Structure / Tent Structures On-Site Yes No Does the Tent have Sidewalls: Yes No

Will Heaters be needed: Yes No

Electrical Power needed: Yes No Will You Be Using Portable Generators: Yes No

Will You Have Sound / Amplified Music: Yes No

Will You Be Conducting A Raffle: Yes No **(Yes, Raffle permit required)**

Special Requests / Notes:

By signing this document, I agree to the terms and conditions set forth in the Village of Wauconda Special Event Policy.

DATE

Print Name

Signature

Do not write below this line - Official Use Only

Event Notes: *(For official use only...)*

Permit Distribution / Action:

Date Sent	Recieved	Department / Agency
<input type="checkbox"/>	<input type="checkbox"/>	Village Administration
<input type="checkbox"/>	<input type="checkbox"/>	Fire District
<input type="checkbox"/>	<input type="checkbox"/>	Police Department
<input type="checkbox"/>	<input type="checkbox"/>	Public Works
<input type="checkbox"/>	<input type="checkbox"/>	Building & Zoning
<input type="checkbox"/>	<input type="checkbox"/>	BLAC
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Required	Date	Action
<input type="checkbox"/>	<input type="checkbox"/>	Permit Received Notification
<input type="checkbox"/>	<input type="checkbox"/>	Planning Meeting
<input type="checkbox"/>	<input type="checkbox"/>	Incident Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	On-Site Inspection_____
<input type="checkbox"/>	<input type="checkbox"/>	Health Department Permit
<input type="checkbox"/>	<input type="checkbox"/>	Special Liquor License
<input type="checkbox"/>	<input type="checkbox"/>	Raffle Permit
<input type="checkbox"/>	<input type="checkbox"/>	Board Approval
<input type="checkbox"/>	<input type="checkbox"/>	Requirement Letter Sent
<input type="checkbox"/>	<input type="checkbox"/>	Approval / Denial Sent