



**City of Blue Island  
 Clerk's Office**  
 13051 Greenwood Avenue  
 Blue Island, IL 60406  
 P (708) 597-8603  
 F (708) 396-7062  
 blueisland.org

**CITY OF BLUE ISLAND SPECIAL EVENT PERMIT APPLICATION**

The Special Event Permit Application must be submitted at least **fifteen (15) days prior** to the event date in order to ensure sufficient time for processing. Please contact the City Clerk at (708) 597-8603 with any questions regarding the application.

The Special Event Permit fee is based on a sliding scale depicted in the Outdoor Special Event Ordinance attached hereto for reference.

<b>EVENT INFORMATION</b>			
<b>Event Title:</b>			
<b>Type of Event:</b>		<input type="checkbox"/> Carnival or Rides <input type="checkbox"/> Business Special Event <input type="checkbox"/> Festival <input type="checkbox"/> Outdoor Concert <input type="checkbox"/> Parade <input type="checkbox"/> Tent Sale <input type="checkbox"/> Walk/Run/Bike <input type="checkbox"/> Zoo/Circus <input type="checkbox"/> Other (please specify): _____	
<b>Event Date(s):</b>		<b>Time:</b>	
<b>Alternate Date(s):</b>		<b>Time:</b>	
<b>First time applicant?:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this an annual event?:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Event Website (if any):</b>			
<b>Anticipated Attendance:</b>			
<b>Location of Event:</b> Please list all requested street or sidewalk closures noting time(s) each street will be closed.			
<b>Describe the Event:</b> Please describe your event in detail including any additional information that may be important to understanding its scope and purpose. Please attach any promotional materials regarding the event.			
<b>Please see Section 3 of the Special Event Application for more information regarding Event Activities</b>			
<b>Event Activities:</b> Please check all items that will be included in your event.  *Extraordinary activities may require additional licenses, fees, or submittals (see attached ordinance for guidance).		<input type="checkbox"/> Alcohol* <input type="checkbox"/> Animals* <input type="checkbox"/> Automobiles <input type="checkbox"/> Balloons/Signs/Decorations <input type="checkbox"/> Bands/Live Music <input type="checkbox"/> Carnival Rides* <input type="checkbox"/> Floats <input type="checkbox"/> Food Booth(s) <input type="checkbox"/> Parade/Race* <input type="checkbox"/> Parking Lots* <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Promotional Signage* <input type="checkbox"/> Sound Equipment <input type="checkbox"/> Stage/Bandshell <input type="checkbox"/> Streets/Sidewalks* <input type="checkbox"/> Tents* <input type="checkbox"/> Vendors <input type="checkbox"/> Raffle* <input type="checkbox"/> Other (please specify): _____	

**Draw Event Site Plan:**  
 Please provide a draft site plan for your event. Please indicate the following applicable locations: entry/exit points, bathrooms, food/drink vendors, parking, tents, and any additional details (see attached ordinance for additional information).

For tents and promotional signage checked above, please indicate type, size, and location(s): \_\_\_\_\_

All applications should be completed and submitted **not less** than fifteen (15) days prior to event date. However, the City requests at least sixty (60) days' notice of a special event and incentivizes early application through the sliding scale fee schedule. Applications that are complete and submitted to the City, along with any necessary submittals, will be processed by City staff. Incomplete applications will be held for processing until it is complete. Please return your completed Special Event Permit Application to:  
**By Mail/Drop Off:** City of Blue Island Clerk's Office, 13051 Greenwood, Blue Island, IL 60406  
**By Email:** [rzylman@cityofblueisland.org](mailto:rzylman@cityofblueisland.org) and [mpatoska@cityofblueisland.org](mailto:mpatoska@cityofblueisland.org)

EVENT ORGANIZER INFORMATION				
<b>Name (First/Last):</b>				
<b>Address:</b>			<b>Apt./Unit:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>E-Mail Address:</b>				
<b>Name of Sponsoring Organization(s):</b> (If applicable/different)				
<b>Legal Status of Organization(s):</b>				
<input type="checkbox"/> Government Entity <input type="checkbox"/> Non-profit Entity <input type="checkbox"/> Commercial Business				
<b>Main Contact of Sponsoring Organization:</b> (If applicable/different)				
<b>Address:</b>			<b>Apt./Unit:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	
<b>Daytime Phone:</b>		<b>E-Mail:</b>		

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_