



## SPECIAL EVENT APPLICATION

A P P L I C A N T			
Organization			
Person Making Application			
Address			
City, State, Zip			
Phone and Email	W:	C:	Email:

L O C A T I O N	
Name of Event	
Address (attach site map)	
Date of Event	
Start Time of Event	
End Time of Event	
Anticipated Number of Participants	
Vehicles, If Any	
Purpose of Event	
Music Provided (indicate if live or recorded)	
Security (persons and locations)	
<b>Additional Managers* of Event</b> <i>* Any person who will directly or indirectly have a management role or exercise control over the one-day permit</i>	
Name:	Phone:
Name:	Phone:
Name:	Phone:

**Attach the following documents to the application:**

- ☐ Map of event location.
- ☐ Proof of a minimum of one million dollars (\$1,000,000) liability insurance for this event and location with City of Pekin, its officers and employees listed as an Additional Insured (applicable if on City Right of Way or City Property).

The applicant does hereby covenant and agree that any loss or damage which may arise or be caused to any person or property by reason of the applicant or the applicant's agent want of care shall be borne by the applicant and the applicant shall hold the City harmless in every and all respects from any damage, loss or liability including reasonable attorney fees and court costs, resulting from any acts by the applicant, the applicant's agent, its employees, or participants or from the conduct of the applicant, its employees, or participants in the event as designated in this application.

\_\_\_\_\_  
Signature of person making application

\_\_\_\_\_  
Date

No such permit shall be issued for a special event unless application has been made and required documents attached not less than 30 days in advance of the date on which said special event is sought to be held.

## COMPLETION CHECKLIST

- ☐ Map of event location designating setup
- ☐ Proof of Insurance for liability coverage in the amount of one million dollars/two million aggregate at this event and location with City of Pekin its officers and employees listed as an Additional Insured
- ☐ Cash or check \$50.00 for Special Event

## CONDITIONS

(Indicate the number of police officers and/or squad cars at each location)


Copies to if applicable: Date: \_\_\_\_\_ Initials \_\_\_\_\_

- ☐ Street Dept
- ☐ Solid Waste Dept
- ☐ Police Dept
- ☐ Fire Dept
- ☐ TPCCC
- ☐ City Link – Yokita Johnson: [yjohnson@ridecitylink.org](mailto:yjohnson@ridecitylink.org)  
and Chris Ripka: [cripka@ridecitylink.org](mailto:cripka@ridecitylink.org)
- ☐ Administrative Assistant
- ☐ Accounts Receivable
- ☐ Applicant: Email \_\_\_\_\_ or U.S. Mail \_\_\_\_\_

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date