



Office of Emergency Management Special Event Permit Application



Questions / Completed Form to: Mike Wahl, Deputy Director, EMA
Direct Line: 847-416-7504, Direct Fax: 847-416-7554 Email: MWahl@waucondafire.org

109 West Liberty 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)*: _____

Time: Starts: _____ Ends: _____

Road Closure / Blockage: Yes No *(Yes, 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: _____

Tempory 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:

Do not write below this line - Official Use Only

APPROVED DENIED

DATE

EMERGENCY MANAGEMENT

VILLAGE ADMINISTRATION

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

Permit Distribution / Action:

Date Sent	Comments 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"/>	Bangs Lake Advisory Committee
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Required	Completed	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