

**Special Use/Special Event Park Permit Application**

The Special Use Park Permit Application must be filed with the Executive Director or his/her designee no less than 30 days prior to the scheduled event. Applications may be dropped off or mailed to the DeKalb Park District, 1403 Sycamore Road, DeKalb, IL 60115.

**General Information**

Date of Event: \_\_\_\_\_ Park: \_\_\_\_\_

Specific Area: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Set Up at: \_\_\_\_\_ Tear Down at: \_\_\_\_\_

Name of Organization/Group: \_\_\_\_\_

Role in Organization/Group: \_\_\_\_\_

Non-Profit? Y / N (If yes, attach a copy of 501c3 letter with application)

Organization Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Primary Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Event Information**

Description of Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Open to the General Public? Y / N      Will you be charging an entrance/admission fee? Y / N

Will you be charging other fees? Y / N \_\_\_\_\_

Estimated Number of Participants/Guests: \_\_\_\_\_

Estimated Number of Staff/Volunteers: \_\_\_\_\_

Areas needed or to be used during event (shelter, additional park space, pathways, etc.):

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Will food be served? Y / N \_\_\_\_\_

**Public events serving food must adhere to DeKalb Co. Health Dept. Guidelines**

Will you be selling other goods or services? Y / N \_\_\_\_\_

**Fundraising activities require permits from the City of DeKalb, non-fundraising solicitation is prohibited.**

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Will you be using any sound amplification systems? Y / N \_\_\_\_\_

Do you intend to use any additional structures? Y / N (tents, portable bathrooms, inflatable structure, stage etc.): \_\_\_\_\_

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Will you be requesting permission to have temporary signs for the event? Y / N \_\_\_\_\_

**Requires a Sign Permit from the City of DeKalb and approval by the District**

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List any vendors or sponsors associated with the event: \_\_\_\_\_

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Additional needs from the Park District above and beyond a typical rental: (additional picnic tables, garbage cans, consultation, etc.):

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### Alcohol Information

**Alcohol is only allowed with the purchase of a permit from the DeKalb Park District.**

Do you plan to have alcohol at your event? Y / N \_\_\_\_\_

Time of liquor sales: Start \_\_\_\_\_ End \_\_\_\_\_ (Liquor sales must cease by 9:30 pm)

Name of licensed caterer: \_\_\_\_\_

### Acknowledgement

I have read and understand the Special Use Park Permit Guidelines and agree to the terms and conditions of these Guidelines. I agree that the information provided in this application to be accurate and true to the best of my knowledge.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Park District Representative

\_\_\_\_\_

Date

### For Office Use Only

**Fees** (if applicable) \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Certificate of Insurance** (if applicable) \_\_\_\_\_

**Security Deposit** (if applicable) \_\_\_\_\_

**Copy of City Permit** (if applicable) \_\_\_\_\_

**Date Deposit Paid:** \_\_\_\_\_ **Date Deposit Returned:** \_\_\_\_\_

**Signature of Staff:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_