

**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.):

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.**

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.):

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**

List any vendors or sponsors associated with the event:

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

### **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

**\*NOTICE:** Effective January 1, 2019, the State of Illinois PA 100-0671 requires organizers of a public gathering or special event that is conducted on property open to the public and requires the issuance of a permit must post a notice that complies with the requirements of the act. The posting must be in English and Spanish, and posted in conspicuous and accessible places on the premises in clear view of the public where similar notices are customarily posted. The notice is intended to inform the public and victims of human trafficking of telephone hotline numbers to seek help or report unlawful activity. Failure to comply with the rules can result in legal action, including penalties and prohibition from future events on Park District property. A copy of the notice is included in this application. Additional information and model notices can be found on the State of Illinois website at <https://www.dhs.state.il.us/page.aspx?item=82023>.

### 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:** \_\_\_\_\_

## Victims of slavery and human trafficking are protected under United States and Illinois law

### *If you or someone you know:*

- Is being forced to engage in any activity and cannot leave, whether it is:
  - Commercial sex industry (street prostitution, strip clubs, massage parlors, escort services, brothels, internet),
  - Private Homes (housework, nannies, servile marriages),
  - Farm work, landscaping, construction,
  - Factory (industrial, garment, meat-packing),
  - Peddling rings, begging rings, or door-to-door sales crews
  - Hotel, retail, bars, restaurant work or
  - Any other activity
- Had their passport or identification taken away or
- Is being threatened with deportation if they won't work

### National Human Trafficking Resource Center

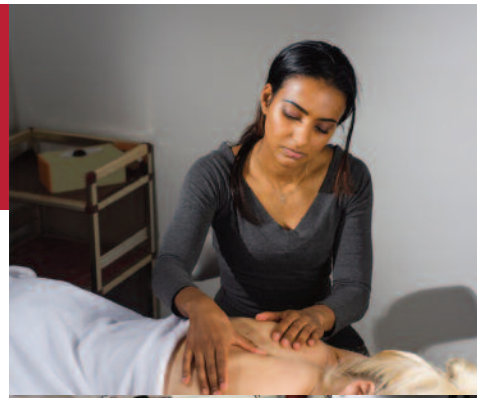
# 1-888-373-7888

Or Text "HELP" to 233733  
to access help and services.

### *The hotline is:*

- Available 24 hours a day, 7 days a week.
- Toll-free.
- Operated by nonprofit nongovernmental organizations.
- Anonymous and confidential.
- Accessible in more than 160 languages.
- Able to provide help, referral to services, training, and general information.

For more information: [www.TraffickingResourceCenter.org](http://www.TraffickingResourceCenter.org)



## Las víctimas de esclavitud y trata de personas están protegidas bajo las leyes de Estados Unidos y de Illinois

### *Si usted o alguien que usted conoce:*

- Es forzado a participar en cualquier actividad y no puede dejarla, ya sea de:
  - La industria del sexo comercial (prostitución callejera, clubes, salas de masaje, servicios de acompañante, burdeles, Internet)
  - Residencias privadas (trabajo doméstico, cuidado de niños, matrimonios serviles)
  - Trabajo en fincas, jardinería, construcción.
  - Fábricas (industrial, textil, empaqueo de carnes).
  - Grupos de venta ambulante, limosneros o grupos de ventas callejeras
  - Hoteles, tiendas, bares, trabajo en restaurantes o
  - Cualquier otra actividad.
- Le quitaron su pasaporte u otra forma de identificación.
- Le amenazan con deportación si rehúsa trabajar.

### Centro Nacional de Recursos Para la Trata de Personas

# 1-888-373-7888

O para acceso a servicios y ayuda,  
envíe un texto con la palabra "HELP" al 233733

### *La línea:*

- Está disponible las 24 horas del día, los 7 días de la semana.
- Es gratis
- Está operada por organizaciones no gubernamentales sin fines de lucro.
- Es anónima y confidencial.
- Está disponible en más de 160 idiomas diferentes.
- Puede brindar ayuda, recomendar otros servicios, proveer adiestramiento e información general.

Para más información: [www.TraffickingResourceCenter.org](http://www.TraffickingResourceCenter.org)