

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.):

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 _____

For Office Use Only

Fees (if applicable) _____ Date Paid: _____

Certificate of Insurance Y/N _____

Security Deposit (if applicable) _____

Date Deposit Paid: _____ Date Deposit Returned: _____

Signature of Staff: _____ Signature of Applicant: _____