

Temporary Event & Vendor Permit Application

**YOU ARE HEREBY NOTIFIED THAT A TEMPORARY EVENT OR VENDOR MUST
OBTAIN A PERMIT BEFORE OPERATING UPON THE PREMISES AT**

ADDRESS OF PROPERTY

In Franklin Park, Illinois 60131.

Applications for Temporary Event & Vendor Permits shall be obtained at the Building Department, 9500 Belmont Avenue, Franklin Park, Illinois, Second Floor. The packet must be filled out completely and returned to the Building Department in a timely manner. The application must be processed by both the Building Department and Zoning Department. You will be contacted by Village staff when your application has been reviewed.

The enclosed forms have been prepared to collect vital information needed by the Fire, Police, Health, Zoning, and Building Departments. The information will be used in normal daily operations and during emergencies. Information changed should be reported to the building administrator by calling (847) 671-8245.

Below is a checklist of items needed to submit a valid application:

COMPLETED APPLICATION PACKET

EVENT OR VENDOR USE LETTER *(SEE LAST PAGE FOR INSTRUCTIONS)*

SITE MANAGEMENT PLAN *(IF REQUIRED, SEE LAST PAGE FOR INSTRUCTIONS)*

HAS REVIEWED ILLINOIS DEPARTMENT OF PUBLIC HEALTH GUIDELINES FOR FAIRS AND TEMPORARY FOOD SERVICE ESTABLISHMENTS *(IF PREPARING, COOKING, SELLING, OR SERVING FOOD OR BEVERAGES)*

COPY OF CERTIFICATE OF INSURANCE *(IF REQUIRED)*

OFFICE USE ONLY

ZONING REVIEW _____ DATE _____ ZONING DISTRICT _____
IF REQUIRED

BUILDING REVIEW _____ DATE _____ VALID PERMIT DATE _____

COMMENTS _____

PLEASE NOTE: Applications with missing information WILL NOT be accepted and WILL NOT initiate the application process. Any false, misleading or material omission of information shall subject any license or permit issued as a result of this application to be subject to revocation.

APPLICANT INFORMATION

COMMUNITY EVENT _____
ADDRESS OF EVENT _____
NAME OF APPLICANT _____
APPLICANT TYPE INDIVIDUAL PARTNERSHIP CORPORATION OTHER _____
APPLICANT PHONE _____ APPLICANT EMAIL _____
APPLICANT ADDRESS _____
NAME OF PERSON TO CONTACT _____
PERSON TO CONTACT PHONE (OFFICE) _____ (CELL) _____

EMERGENCY CONTACT

This information will be used by the Fire and Police Departments in case of emergency

EMERGENCY CONTACT NAME 1 _____
EMERGENCY PHONE (OFFICE) _____ (CELL) _____
EMERGENCY CONTACT EMAIL _____
EMERGENCY CONTACT NAME 2 _____
EMERGENCY PHONE (OFFICE) _____ (CELL) _____
EMERGENCY CONTACT EMAIL _____

PROPERTY OWNER CONTACT

NAME OF CURRENT BUILDING OWNER _____
CURRENT OWNER'S ADDRESS _____
CURRENT OWNER'S PHONE (OFFICE) _____ (CELL) _____
CURRENT OWNER'S EMAIL _____

VENDOR CERTIFICATIONS

If food is present, an IDHP Food Service Sanitation certified employee must be on-site at all times

CERTIFIED EMPLOYEE #1 NAME _____ DATE OF ISSUANCE _____
CERTIFICATION NUMBER _____ EXPIRATION DATE _____
CERTIFIED EMPLOYEE #2 NAME _____ DATE OF ISSUANCE _____
CERTIFICATION NUMBER _____ EXPIRATION DATE _____

EVENT OR VENDOR LETTER INSTRUCTIONS

Please provide a EVENT OR VENDOR LETTER that includes the following:

- Detailed description of operations and background
- Reason for locating in Franklin Park
- Manager, owner or person of responsibility contact
- Business/Organization marketing packet (if available)

ADDRESS TO: Nicholas Walny
 Zoning Administrator
 Village of Franklin Park
 9500 W Belmont
 Franklin Park, IL 60131

Event or Vendor letter must be TYPED* using company letterhead or logo.

*If you do not have access to a personal computer to type a commercial use letter, free computer use is provided at the Franklin Park Public Library located at 10311 Grand Ave, Franklin Park, IL 60131.

SITE MANAGEMENT PLAN INSTRUCTIONS

Please provide a scaled SITE MANAGEMENT PLAN based on a plat of survey. This should include the following:

Site Plan

- Proposed outdoor structure and operation locations
- Addresses, unit/suite numbers, legend and scale
- Indicate crowd control and security measures
- Indicate where people will park or access site
- Indicate closed roads, driveways, or parking areas

Food Service

- Indicate size and location of kitchen, food trucks food storage, preparation, or service stations
- Indicate location and number of seats, tables, fixtures, or amenities in which customers will utilize, if applicable
- Indicate food disposal, trash, and recycling receptacles

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and agree that I have a continuing obligation to inform the Village if there is a change in circumstances.

 INITIAL

I certify that I will complete all work required by the Zoning and Building Departments before occupying the site and obtain all necessary permits for work I will undertake.

 INITIAL

I certify I have read, understand, and agree to follow all Illinois Department of Public Health guidelines for fairs and temporary food establishments if preparing, cooking, selling, or serving on site.

 INITIAL

I certify that I will obtain a Temporary Event & Vendor Permit Application before occupying the site.

 INITIAL

APPLICANT SIGNATURE _____ DATE _____

NAME OF APPLICANT _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF

_____, 20____.

 NOTARY PUBLIC

