

# ROCKTON



## Special Events Application

<b>Event Title</b> _____
<b>Event Date</b> _____

Please read the enclosed application materials carefully. As the event organizer, it is your responsibility to know the guidelines and requirements for your type of event and make sure the application is complete. Upon completion of the application, the event organizer must set up a meeting with the Parks & Recreation Director to review the application prior to police and Village Board approval (Refer to Page 4).

**Do not assume your event is approved nor start advertising your dates until you have a final permit approved by the Village Board of Trustees.** Your application will not be forwarded for approval if not complete, particularly the event plan and map. **Please plan ahead for review time.**

### IMPORTANT DEADLINES

**1 Year Prior** – Special events may be booked up to one year in advance. It is strongly encouraged to start the application process as early as possible to confirm date(s), location and approvals. A non-refundable initial payment of \$100 is due at the time of booking in order to hold your date.

**90 Days Prior** – **New events** or especially complicated events require a minimum of 90 days.

**60 Days Prior** – Last day to submit completed application for new events and subject to \$100 late fee.

**45 Days Prior** – Last day to submit completed application for **repeat events**.

**15 Days Prior** – *Your event will be cancelled* if your application is not complete, including adequate proof of insurance and payment of fees.

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# INSTRUCTIONS FOR COMPLETING THE SPECIAL EVENT PERMIT APPLICATION

Before you schedule your meeting with the Parks & Recreation Director to submit your application, please make certain that the following steps have been completed. Each attachment that is applicable must be included with your application. Careful completion of the form will help to avoid delays in processing. It is important that you follow the instructions and provide clear and accurate information. **Submit all necessary documents and payment/checks with the application.** All fees must be paid before special event permit is issued.

## EVENT APPLICATION CHECKLIST

The following sections **MUST** be completed by the event coordinator for ALL events:

1. General event information
2. Comprehensive site plan with clearly marked maps (geography of area, street closures, barricades, cooling and warming stations, and security stations)
3. Security Plan including signature of approval by Rockton Police Department
4. Medical, Fire Prevention and Accessibility Plan including signature of approval by Rockton Fire Protection District
5. Signature of event organizer
6. Insurance and liability certificates

In addition, you may need to complete:

1. Will there be an athletic event or a parade?  
Yes  Route must be included on **Comprehensive Event Site Plan**  
No
2. Are you using sound amplification and / or a public announcement system?  
Yes  Complete **Attachment A Noise Control Plan**  
No

3. Are you closing any streets or sidewalks for your event?  
Yes  Complete **Attachment B Street Closure Request**  
No

Please note that closures of state-funded roads require a minimum 30-day notice to IDOT.

4. Do you need Public Works services like barricades, event set up or tear down?  
Yes  Complete **Attachment C Public Works Services Request**  
No

5. Will your event require electricity service?  
Yes  Complete **Attachment D Electrical Service Application**  
No
6. Will you be using animals at your event?  
Yes  Complete **Attachment E Animal Management Plan**  
No
7. Will your event be erecting any tents or canopies?  
Yes  Complete **Attachment F Tent Permit Application**  
No
8. Does your event include a carnival?  
Yes  Complete **Attachment G Carnival Application**  
No
9. Will you be erecting any signs or banners for the event?  
Yes  Complete **Attachment H Temporary Sign Permit Application**  
No
10. Are you serving alcoholic beverages at your event?  
Yes  Complete **Attachment I Liquor License Permit Application**  
No
11. Will your event include fireworks or pyrotechnics?  
Yes  Complete **Attachment J Fireworks Application**  
No

After submitting all forms, your application will be reviewed by the Parks & Recreation Director. The completed application will be sent to all departments that will be involved in providing services or permits for the event. You will be notified if the event has been approved.

Don Self - Parks & Recreation Director  
[self@rocktonvillage.com](mailto:self@rocktonvillage.com) or (815)624-6894

## TERMS AND CONDITIONS

The following are requirements of the Village of Rockton. Please review, initial each line and sign below.

\_\_\_\_\_ The applicant must promptly reimburse the Village for any and all damages of any kind to Village property which may result from the use by the applicant of the Village's premises under the permission granted herein, and the applicant further agrees that it will not hold liable the Village for, or on account of, any loss or damage to property owned by it or controlled by the applicant or for, or on account of, any loss or damage sustained by the applicant as a result of injuries to employees or agents of the applicant. Applicant further agrees to defend, indemnify and hold the Village, its officials, employees and agents harmless from and against any and all claims, loss, expense, liability, damage or costs (including, without limitation, judgments, attorneys fees and costs and court costs) which the Village incurs or may incur because of injury to or death of any person or on account of damage to property arising out of or associated with the applicant's event.

\_\_\_\_\_ I understand that I cannot assume that all aspects of the event will be approved; I may be asked to make changes to my plan based on the availability of services, costs, and scheduling of other events.

\_\_\_\_\_ I understand that I should not advertise or make any other arrangements for our event until approval from the Village has been received and that any advertisement or arrangements made prior to approval by the Village has been received is at my own risk.

\_\_\_\_\_ I agree to promptly pay the Village for costs associated with Village services, including, but not limited to public works assistance and police assistance within 30 days of invoice from the Village.

\_\_\_\_\_ I agree to inform the Parks & Recreation Director of any changes in this application.

\_\_\_\_\_ I agree that the Village of Rockton may cancel or close my event should we violate Village ordinance, or deviate from the defined, permitted activity.

\_\_\_\_\_ I agree that the information in this application is true and correct to the best of my knowledge.

\_\_\_\_\_ I understand that I am liable for any Village incurred expenses for events which may be cancelled or postponed for any reason. Additionally, events plans are not transferable to a later date for events that have been cancelled for any reason.

\_\_\_\_\_ I agree to comply with the requirements of the Human Trafficking Resource Center Act and shall post a notice that complies with the requirements of this Act.

\_\_\_\_\_ I acknowledge that I have read and understand all the terms and conditions listed above and agree to be bound to the terms and conditions listed above.

*Please print name, sign and date on following page.*

Event Coordinator Name (printed): \_\_\_\_\_

Event Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FEES

All application fees must be paid at the time of permit application and are non-refundable. Payment of fees does not guarantee permit will be granted. Additional fees may be assessed based upon the type and duration of event and impact to public facility.

NON-FOR-PROFIT SPECIAL EVENT FEE.....	\$75.00
FOR PROFIT SPECIAL EVENT FEE .....	\$125.00
ADMINISTRATIVE LATE PERMIT FEE.....	\$100.00
LIQUOR LICENSE SE (nonprofit) or SU .....	\$25.00
TENT/CANOPY PERMITS .....	\$25.00
CARNIVAL PERMIT.....	\$100.00
TEMPORARY SIGNS PERMIT .....	\$25.00
<b>SECURITY DEPOSIT (REFUNDABLE)*.....</b>	<b>\$500.00</b>

\*Required to be separate check. Security deposit will be returned upon final inspection post-event with Parks & Recreation Director.

### ADDITIONAL FEES FOR VILLAGE SERVICES MAY APPLY

**Police Assistance** \* The Police Dept. will determine number of officers and hours per event needed. To the extent additional police assistance is required (as determined in the sole discretion of the Police Department) during or after the event due to unanticipated circumstances, the applicant shall be responsible for the costs of such additional assistance.

Management: \$75.00/hour/officer  
Supervisor: \$60.00/hour/officer  
Officer: \$55.00/hour/officer

### **Public Works Assistance**

Please see attached Appendix 1: Public Works Labor and Equipment Rate Schedule.

To the extent additional public works assistance is required (as determined in the sole discretion of the Public Works Department) during or after the event due to unanticipated circumstances, the applicant shall be responsible for the costs of such additional assistance.

## GENERAL EVENT INFORMATION

Name of Event: \_\_\_\_\_

First Time Event? Yes  No

If no, how long has this event been running? \_\_\_\_\_

Type of Event:

Parade  Run/Walk  Festival  Neighborhood Event  Farmer's Market

Other  \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Time and Hours of Event: \_\_\_\_\_

Step-off Time (Athletic Events and Parades Only): \_\_\_\_\_

Exact Address of Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_ Last Year's Attendance: \_\_\_\_\_

Event Website: \_\_\_\_\_

Event Phone Number: \_\_\_\_\_

Describe the Event's Community and / or Cultural Benefit:

\_\_\_\_\_  
\_\_\_\_\_

Name of Sponsoring Organization\*: \_\_\_\_\_

Sponsoring Organization Address:

\_\_\_\_\_

Non for-Profit EIN #: \_\_\_\_\_

Event Contact Name, Email and Cell Number:

\_\_\_\_\_

Two Additional Contacts Names and Cell Numbers:

Contact #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_

**\*If nonprofit, attach proof of not-for-profit status (i.e. articles of incorporation, tax exempt number) and a letter of intent from participating nonprofit organization.**

# COMPREHENSIVE EVENT SITE MAP

**\*MANDATORY\***

Please use the Comprehensive Site Plan to illustrate the layout of your event. Aerial photos can be obtained from [www.wingis.org](http://www.wingis.org). If you need additional space, please attach a separate page.

If applicable, the following must be included: (please use the codes indicated)

- Location of First Aid (+)
- Position of barricades (B)
- Location of food vendors (FV)
- Public entrances and exits
- Location of alcoholic beverage vendors (AB) along with number of serving stations at each location
- Location of sound stages (SS) and amplified sound systems (AS)
- Location of non-alcoholic beverage vendors (NAB)
- Location of garbage receptacle (G) and recycling receptacles (R)
- Location of cooling stations (CS)
- Walk, run, bike or parade routes if athletic event (use arrows)
- Location of tents (T) and/or canopies(C)
- Location of carnival set up (CA)
- Location of animals/caregivers (A)
- Location of closed streets or public rights-of-way (designate with an X)
- Location of security booths (S)
- Location of washroom facilities and # of units (WF)

## SECURITY PLAN

Must be signed by Police Dept. after submittal & review by Parks & Recreation Director

Security Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name of Private Security Company (if applicable) \*: \_\_\_\_\_

\*Proof of bonded / insured must be attached.

Address of Private Security Company: \_\_\_\_\_

Name of Contact at Private Security Company: \_\_\_\_\_

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

Number of Private Security Personnel hired per shift: \_\_\_\_\_

Form of radio communication: \_\_\_\_\_

I have clearly marked security stations with (S) on comprehensive site map.

Yes,  No  Not applicable

### **IF HIRING ROCKTON POLICE FOR SECURITY, A MINIMUM OF 30 DAYS' NOTICE IS REQUIRED.**

- Yes, I will need Rockton Police for security.
- Yes, I will need Rockton Police for traffic control ONLY – before and after event.
- No, I will NOT need Rockton Police for security.

### LIQUOR

- Liquor will not be served.
- Liquor will be served. \*

\* If alcoholic beverages are being served, please attach a detailed plan describing procedures for carding minors and preventing over-consumption of alcohol. Also, clearly mark the locations where alcohol will be served on comprehensive site map with (AB). **A minimum of two officers is needed for any event serving alcohol.**

### STREET CLOSURE

- Street(s) will not be closed.
- Street(s) will be closed as listed in Attachment B.

\_\_\_\_\_  
Signature of Approval by Rockton Police Department

\_\_\_\_\_  
Date

# MEDICAL, FIRE PREVENTION AND ACCESSIBILITY PLAN

Must be signed by Rockton Fire Protection District prior to submittal to Parks & Recreation Director.

## MEDICAL PLAN

Will emergency medical services be summoned through 911 only?

Yes     No\*

\*If No, please complete the form below. **Parades, athlete events, and events with attendance over 500 MUST complete the form.**

Name of medical contact (someone involved w/ event): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Will you have an on-site Licensed Emergency Medical Services Provider?

Yes\*     No

\*If yes, name and address of on-site Licensed Emergency Medical Services Provider:

\_\_\_\_\_

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

Number of ambulances and staging locations at your event: \_\_\_\_\_

Hours of coverage for ambulance and staff: \_\_\_\_\_

Number of medical staff and level of certification: \_\_\_\_\_

Plan for back up services in case your medical staff becomes unavailable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of aid stations and their hours at event: \_\_\_\_\_

Resources available at each aid station (cooling/warming): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detail how medical staff will be identified: \_\_\_\_\_

\_\_\_\_\_

**FIRE PREVENTION**

The Fire Prevention Division requires an inspection be completed for a number of conditions. Please complete the questionnaire below to provide the details of your event.

Is this an outdoor venue?  Yes,  No  Partial In/Out

Will your event use temporary structures/tents?  Yes\*  No

\*If so, how many: \_\_\_\_\_

Will you be cooking on site?  Yes\*  No

\*If yes, what type of fuel will be used for cooking purposes? \_\_\_\_\_

Will you have pyrotechnics (fireworks) with your event?  Yes\*  No

\*If yes, applicant must complete Attachment J – Fireworks Permit Application

Will your event include any bonfires or recreational fires?  Yes  No

Does your event require any audience seating? Yes No

Emergency Evacuation Procedure:

\_\_\_\_\_  
\_\_\_\_\_

**ACCESSIBILITY PLAN**

Identify the geography of your event area: \_\_\_\_\_

What consideration has been given to improve accessibility to the greatest extent?

\_\_\_\_\_  
\_\_\_\_\_

How will staff be trained on appropriate ways to assist people with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

Do you have a plan to appropriately mark accessible parking?  Yes  No

Is there an accessible path from the street/parking to the event?  Yes  No

Are there easily accessible cooling stations?  Yes  No

Signature of Approval by Rockton Fire Protection District

Date

## NOISE CONTROL PLAN – Attachment A

1. Will electronic sound amplification equipment or a public address system be used at the event?

Yes\*       No

\* If yes, indicate on the Site Map the location of the stages (SS), sound systems (AS) and the location and direction of all speakers.

2. Amplified sound will be used during the hours of \_\_\_\_ to \_\_\_\_\_. Describe the sound system(s):

3. Explain how the sound will be controlled and identify the means by which it can be further controlled if necessary:

4. Property owners within 500 feet must be notified of event. Please include a sample letter of the communication to be sent.

# STREET CLOSURE REQUEST – Attachment B

Public Works Department

The comprehensive event site map should be clearly marked with street closures, barricades, security stations, cooling stations, and including athletic course or parade course if applicable and per labeling codes listed on page 8.

Identify street name with numerical address range(s) with direction.

## Event “Set Up”

Street Name	From	To	Dates	Times
Example: Hawick St.	100 (E)	100 (E)	6/16/15-6/20/15	10 am – 10 pm

## Actual Event

Street Name	From	To	Dates	Times
Example: Hawick St.	100 (E)	100 (E)	6/16/15-6/20/15	10 am – 10 pm

## Event “Tear Down”

Street Name	From	To	Dates	Times
Example: Hawick St.	100 (E)	100 (E)	6/16/15-6/20/15	10 am – 10 pm

**Barricades are required for all street closures. Event organizers are responsible for all barricade costs and must provide proof of barricade order prior to event.** A limited number of barricades are available from Public Works for a fee – please see Village of Rockton Labor and Equipment 2015 Rate Schedule at end of application packet.

Barricades may be ordered from SANCO (815) 961-0365 or any traffic control business certified in MUTCD standards.

## PUBLIC WORKS SERVICE REQUESTS – Attachment C

Please indicate if any of the following Village services are needed:

Village Service	Locations	Comments
Additional Barricades Yes    No		
Street Sweeping Yes    No		
Event Set Up Yes    No		
Event Tear Down Yes    No		

\* All the above services and equipment are subject to availability.

### Waste Management Plan

Method of Garbage Collection:

Method of Recyclable Materials Collection (voluntary):

### Additional Information

1. Is there appropriate signage to direct the public to the event?  
 Yes       No
2. Are all entry and exit areas clearly marked and easily accessible?  
 Yes       No
3. Are all indoor and outdoor restroom facilities easily accessible?  
 Yes       No
4. Is adequate accessible parking planned for the number of expected attendees?  
 Yes       No

## ELECTRICAL SERVICE REQUEST – Attachment D

Event requires electricity:       Yes       No

If Electrical Contractor being used, provide the below information:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Winnebago County Registration #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Generator Size and Description: \_\_\_\_\_

Temporary Service Panel: \_\_\_\_\_

Temporary wiring plugged into receptacles or temporary hard wired to panel:

\_\_\_\_\_

Other: \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected Inspection Date: \_\_\_\_\_

# ANIMAL MANAGEMENT PLAN – Attachment E

A copy of the animal insurance coverage must be included with application. **Events using animals may be charged an additional clean up fee.**

Vendor Providing Animals: \_\_\_\_\_

Vendor Contact Name, Cell Phone and Email: \_\_\_\_\_

Types and quantities of animals being used: \_\_\_\_\_

Describe method to prevent the public from being accidentally injured by an animal:

Describe how overnight stabling or housing of animals is being done in a humane and approved manner: \_\_\_\_\_

Describe the cleanup methods and the frequency of cleanup being used to clear the area of animal waste: \_\_\_\_\_

Describe how the handling, exhibition, transporting and housing of any and all animals will be in full compliance with all terms of the Human Care of Animals Act:

Expiration date of last rabies shot given to each animal: \_\_\_\_\_

Vendor USDA license number, if licensed: \_\_\_\_\_

# TENT PERMIT APPLICATION – Attachment F

J.U.L.I.E must be contacted at 1-800-892-0123 a minimum of 48 hours in advance of any tent and/or canopy erection.

Number of TENTS: \_\_\_\_\_ Number of CANOPIES: \_\_\_\_\_

If tent or canopy is to be used for assembly of more than 10 occupants:

What is the size(s) of the tent and/or canopy? (width x length = sq. ft): \_\_\_\_\_

\_\_\_\_\_

Will the tent(s) hold:

TABLES & CHAIRS       Yes  No

CHAIRS ONLY       Yes  No

STANDING SPACE       Yes  No

Will there be any electrical equipment used?       Yes       No

Will there be any heat producing cooking appliances used in proximity of tents?

Yes       No

What is the proposed use of the tent and/or canopy? \_\_\_\_\_

\_\_\_\_\_

Date tent(s)/canopies will be erected: \_\_\_\_\_

Date tent(s)/canopies will be dismantled: \_\_\_\_\_

Name & Address of Tent / Canopy Erector: \_\_\_\_\_

\_\_\_\_\_

Contact Name, Phone and Email of Tent / Canopy Erector: \_\_\_\_\_

\_\_\_\_\_

## CARNIVAL PERMIT APPLICATION – Attachment G

Name of Carnival Operator: \_\_\_\_\_

Address of Carnival Operator: \_\_\_\_\_

State Permit Number of Carnival Operator: \_\_\_\_\_

Phone and Email of Carnival Operator: \_\_\_\_\_

Number of Carnival Rides: \_\_\_\_\_

# TEMPORARY SIGN PERMIT APPLICATION – Attachment H

Upon signed approval of temporary signs and banners, applicant MUST contact J.U.L.I.E at 1-800-892-0123 for utility markings before erecting signs.

Address / location of proposed sign/banner: \_\_\_\_\_  
\_\_\_\_\_

**\*ATTACH PICTURE OR DRAWING OF SIGN/BANNER\***

Size of sign: (List as Height x Width = Sq. Feet) \_\_\_\_\_

Sign height: (From grade to Top of sign in feet/inches) \_\_\_\_\_

Is this a banner sign?             Yes             No

Is this an inflatable sign?        Yes             No

Is sign freestanding?             Yes             No

If not freestanding, how will sign be mounted?

If Contractor is used, name of Contractor: \_\_\_\_\_

Phone and Email of Contractor: \_\_\_\_\_

## “SE” or “SU” LIQUOR LICENSE PERMIT – Attachment I

Special events serving alcohol must complete the attached liquor license application and submit it with the special events application. The “SE” Permit is for nonprofit use. The “SU” Permit is for private proprietors.

THE FOLLOWING ITEMS MUST ACCOMPANY APPLICATION FOR LIQUOR LICENSE:

1. A Certificate of Insurance showing coverage for commercial, general, or liability insurance and dram shop (liquor liability) insurance for \$1- 2 million per occurrence (dependent upon size and nature of event as determined in the sole discretion of the Village) **naming the Village of Rockton as additional insured, and listing the Village of Rockton, 110 E. Main Street, Rockton, IL, as certificate holder.**
2. The Comprehensive Event Site Plan must indicate the exact area where alcohol will be sold.
3. The Security Plan must include description of security measures to control the area (i.e. fences, barricades, security personnel).
4. If nonprofit, attach proof of not-for-profit status (i.e. articles of incorporation, tax exempt number).
5. If nonprofit, a letter of intent from participating nonprofit organization.
6. A check for the liquor license fee made payable to the Village of Rockton.

I, \_\_\_\_\_ (printed name), event organizer for \_\_\_\_\_ (special event name), certify that I have received the appropriate liquor license application and have submitted the completed application and payment with this special event application.

---

Event Organizer Signature

Date

**VILLAGE OF ROCKTON LIQUOR LICENSE APPLICATION**  
**FOR SPECIAL EVENT AND SPECIAL USE PERMITS**

The undersigned hereby makes an application for the issuance of a license to engage in the business of selling alcoholic liquors as indicated hereafter:

\_\_\_\_ Class SE (Special Event)

\_\_\_\_ Class SU (Special Use)

Applicant's Name \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

\_\_\_\_\_

Name and Address of the Establishment where the Current License is Held:

\_\_\_\_\_

\_\_\_\_\_

Name and Address of the Event for Which the Special Event or Special Use License is Sought:

\_\_\_\_\_

\_\_\_\_\_

Dates of the Event: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**The applicant agrees to the following:**

- A. They will obey any and all laws of the United States, State of Illinois, and/or the Village of Rockton in the conduct of their business.
- B. That they are citizens of the United States of America as of the date of this application.
- C. That they have not received or borrowed any money or anything else of value and they will not receive or borrow money or anything else of value, directly or indirectly, from any alcoholic liquor manufacturer, importing distributor, representative of any such manufacturer, importing distributor, or distributor nor be a party to any such act.
- D. That the location where they propose to sell alcoholic liquors is not within 100 feet of any church, school, hospital, home for the aged or indigent persons, their wives or children; or any military or naval station.
- E. That neither they nor any individual directly or indirectly interested in the applicant's place of business is a law enforcement official, Village President, or Village Trustee of the Village of Rockton.
- F. That they have read and understand the notes section of this application.

\_\_\_\_\_  
Applicant's or Corporation President's Signature

\_\_\_\_\_  
Date

# FIREWORKS PERMIT APPLICATION – Attachment J

TODAY'S DATE \_\_\_\_\_

Name of Person or Entity Requesting Permit \_\_\_\_\_

Phone Number \_\_\_\_\_ State of Illinois License # \_\_\_\_\_

Address, City, State  
\_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Cell Phone \_\_\_\_\_

Date Requested \_\_\_\_\_

Times Requested: Begin \_\_\_\_\_ PM End \_\_\_\_\_ PM

Location of Fireworks Display \_\_\_\_\_  
\_\_\_\_\_

I need public works to assist with installation of in-ground tubes for set up.  Yes  No

**SAID PARTY CERTIFIES THAT ALL PARTICIPANTS ARE 21 YEARS OF AGE OR OLDER AND THAT THEY WILL COMPLY WITH ALL RULES, REGULATIONS FOR USE, STORAGE, OR DISPLAY OF SAID FIREWORKS AS PRESCRIBED BY THE STATE FIRE MARSHALL. I ACKNOWLEDGE RECEIPT OF THESE GUIDELINES UNDER 425 ILCS 35. (ATTACHED)**

Three signatures are needed; one must be the display supervisor.

\_\_\_\_\_  
Display Supervisor                      Applicant                      Applicant

VILLAGE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Not Approved                      by Village Board on \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Date: \_\_\_\_\_

ATTACH COPY OF PERMIT FOR FILE

**VILLAGE OF ROCKTON  
LABOR & EQUIPMENT  
RATE SCHEDULE  
(LAST UPDATED 2018)**

**LABOR:**

SUPERVISION	\$75/HOUR
LABORER	\$50/HOUR

**EQUIPMENT:**

VACTOR JETTER TRUCK	\$125/HOUR
CASE COMBINATION LOADER HOE	\$110/HOUR
BOBCAT SKID LOADER	\$90/HOUR
RUBBER TIRE LOADER	\$120/HOUR
5 C.V. DUMP TRUCK	\$90/HOUR
SERVICE TRUCK OR PICKUP	\$50/HOUR
NEW HOLLAND TN65 TRACTOR	\$70/HOUR
ELGIN PELICAN STREET SWEEPER	\$150/HOUR
SNOW PLOW (PICKUP)	\$75/HOUR
SNOW PLOW (DUMP TRUCK)	\$110/HOUR

## **Human Trafficking Resource Center Notice Act** **(Public Act 100-0671, 775 ILCS 50/5)**

This Act states that the organizer of a public gathering or special event that is conducted on property open to the public and requires the issuance of a permit from the unit of local government shall post a notice that complies with requirements of the Act in a conspicuous and accessible place in or about the premises in clear view of the public and employees where similar notices are customarily posted.

A sample copy has been provided in English and Spanish. Please refer to <https://www.dhs.state.il.us/page.aspx?item=82023> for sample flyers in additional languages.

## 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

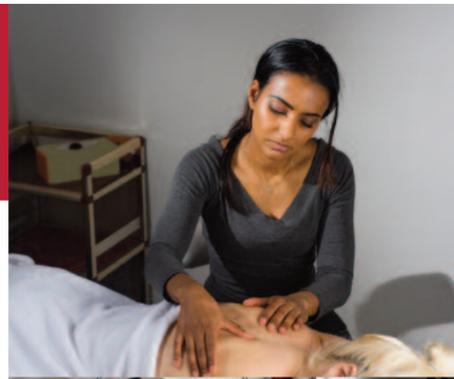
# 1-888-373-7888

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)