Belleville Special Event Application



Name/Type of Event		
Organization Name of Event Sponsor		
Type of sponsoring organization		
Organization Website Address		
Complete Address of Organization (PO Box is not acceptable)		
Responsible Individual		
Complete address of Responsible Individual (PO Box is not acceptable)		
24-hour emergency telephone number		
Cellular Phone Number		
Email Address		
Driver's License Number and Date of Birth		
Alternate Responsible Individual		
Complete address of Alternate Responsible Individual (PO Box is not acceptable)		
Telephone Number		
Cellular Phone Number		
Email Address		
Driver's License Number and Date of Birth		
Schedule & Lo	ca	tion
Date(s) of Event (including Set-Up and Tear-Down)		
Actual operational dates and hours of event		
Beginning Time of Event (including Set-Up time)		
Ending Time of Event (including Tear-Down time)		
Location(s) of Event		
**Please Note: Emergency lanes for public safety	асс	cess must be available at all times.
Event Descrip	pti	on
Describe the purpose of this event		
Activities associated with event i.e. parade, vendors, concert, etc. (Attach additional documentation if necessary)		
Are there any unusual activities planned or anticipated		
as a result of this event i.e. large groups of people,		
protests, gun salutes, fireworks, etc?	L	

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	LIVING
Funding	
How will this event be funded?	
Who will be compensated for goods or services that	
support this event?	
Will the City be reimbursed for services rendered?	YES NO
Have you applied for and been granted an insurance policy for this event? <i>Please attach a copy of the policy</i> .	YES NO
Public Safety / Pub	lic Services
Approximate number of participants expected.	
What is the plan for parking?	
How will this event be staffed / supervised?	
Will event require Police, Fire, EMS services?	YESNO
If this is a multi-day event, please describe how goods / supplies that may be left on site overnight will be stored and secured.	
Describe in detail your plans to meet social distancing requirements and disinfection practices. (Attach additional documentation if necessary)	
Will event require City street closures? If yes, please attach a map clearly indicating which streets will be closed and when.	YES NO
Will event require utiliziation of barricades, traffic cones, or caution tape? If yes, please identify how it will be set up, taken down, maintained and returned to the City. (Attach additional documentation if necessary)	YES NO
Describe signage to be used for event. Include dates that signs will be put up and taken down, size and location of signage. (Attach additional documentation if necessary)	
Refer to Sign Ordinance for details regarding allowable	e type(s) and permissible location(s) of signs
Describe the plan for rubbish collection and removal. (Attach additional documentation if necessary)	

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Public Safety / Public Services (continued)		
Will food be available / sold at event? If yes, describe by whom.	YES NO	
Will alcoholic beverages be available / sold at event? If yes, describe by whom.	YES NO	
Please describe your plan for meeting State Law and all requirements for sale and service of food and alcoholic beverages.		
(Attach additional documentation if necessary) **Please Note: Special permission	and permit is required	
List Attachments:		
1		
2	-	
3		
4		
5		
Action	Signature / date	
Preliminary Approval from City Manager		
Preliminary Approval from DPS Director		
Preliminary Approval from Police Chief		
Preliminary Approval from Fire Chief		
Presented to City Council		
Amendments to application if any		
1		
2		
3		
4		
5		
_		
Action	Signature / date	

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