



Park District Of Oak Park

SPECIAL EVENT PERMIT APPLICATION

218 Madison St
Oak Park, IL 60302
(708) 725-2721 (info)
(708) 383-5702 (fax)
permits@oakparkparks.com
www.oakparkparks.com

INSTRUCTIONS: Please complete and submit this application for review to the location listed above at least 4 weeks prior to the date of your event.

PLEASE NOTE: This form is a "request" and does not serve as the actual permit. All applications must be approved by the Park District. Once approved, you will receive a copy of your approved permit application via e-mail. You can expect to receive a response regarding your application within 10 business days after it has been submitted. Park District of Oak Park begins accepting permit applications on April 1 for events taking place May 1—October 15 of the same year.

APPLICANT INFORMATION

EVENT CONTACT		ORGANIZATION /GROUP NAME (if applicable)			
STREET ADDRESS					
CITY			STATE	ZIP	
DAYTIME PHONE		FAX	CELL PHONE		
E-MAIL ADDRESS			SIGNATURE (By signing below, I agree to follow Park District Rules & Regulations Governing Uses of Park Facilities.)		

LOCATION REQUEST

FIRST CHOICE	PARK REQUESTED	SPECIFIC SPACE(S) NEEDED	DATE(S)	TIME (including set-up & clean-up)	ACTUAL TIME OF EVENT
SECOND CHOICE	PARK REQUESTED	SPECIFIC SPACE(S) NEEDED	DATE(S)	TIME (including set-up & clean-up)	ACTUAL TIME OF EVENT

EVENT INFORMATION

NAME OF EVENT	TYPE OF EVENT	NUMBER OF INDIVIDUALS ATTENDING
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EVENT DESCRIPTION (Provide a detailed description of your event, including any equipment that will be brought in. Documents with this information may be attached.)

REQUEST FOR PARK DISTRICT SPECIAL AMENITIES (subject to availability; will result in additional fees and may require certificate of insurance)

- Restrooms
 Lights
 Electricity
 Stage
 Water
 Other (Please specify):

EVENT FEATURES

How will participants gain entry to event?
(Check all that apply.)

- Free, open to the public
 Free, invite only
 Donation requested (Amount Suggested: \$ _____)
 Advance registration (Fee: \$ _____)
 On-site registration/admission (Fee: \$ _____)
 Other (Please specify):

Are you requesting permission to bring any of the following into the park?
(Check all that apply.)

- Amplified Sound (Describe sound system & hours of use: _____)
 Live Entertainment (Name & type of acts: _____)
 Tents/Canopies (Number & size: _____)
 Portable Toilets (Number: _____)
 Stage (Size: _____)
 Fencing/Barricades/Other Structures: (Describe: _____)
 Food Sampling
 Food Sales
 Merchandise Sampling
 Merchandise Sales

FOR OFFICE USE ONLY

Received by: _____ (Initials)	on: _____ (Date)	at: _____ (Time)	Reservation #: _____	Confirmation Sent: _____ (Date)	{ NOT VALID WITHOUT STAMP }
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