

Belleville Special Event Application



Name/Type of Event	
Organization Name of Event Sponsor	
Type of sponsoring organization	
Organization Website Address	
Complete Address of Organization <i>(PO Box is not acceptable)</i>	
Responsible Individual	
Complete address of Responsible Individual <i>(PO Box is not acceptable)</i>	
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 <i>(PO Box is not acceptable)</i>	
Telephone Number	
Cellular Phone Number	
Email Address	
Driver's License Number and Date of Birth	
Schedule & Location	
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 access must be available at all times.	
Event Description	
Describe the purpose of this event	
Activities associated with event i.e. parade, vendors, concert, etc. <i>(Attach additional documentation if necessary)</i>	

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?	
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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 / Public 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?	_____ YES _____ NO
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. <i>(Attach additional documentation if necessary)</i>	
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 utilization 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. <i>(Attach additional documentation if necessary)</i>	_____ 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. <i>(Attach additional documentation if necessary)</i>	
<i>Refer to Sign Ordinance for details regarding allowable type(s) and permissible location(s) of signs</i>	
Describe the plan for rubbish collection and removal. <i>(Attach additional documentation if necessary)</i>	

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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. <i>(Attach additional documentation if necessary)</i>	
**Please Note: Special permission and permit is required	
List Attachments:	
1	
2	
3	
4	
5	
Applicant must be present at the City Council Meeting when this application is presented	
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
FINAL APPROVAL	