



SPECIAL EVENT PERMIT APPLICATION

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618-281-7144 x 134

Instructions to Applicant:

- The following information must be completed and submitted to the City Clerk's Office at Columbia City Hall.
- **Application Fee: \$125.00** City residents and **\$250.00** non-residents (**fee is non-refundable**).
- **Park Pavilion Rental:** Is NOT included with this application. If you are interested in renting a pavilion for your event (additional fee will be required), please submit a "Park Pavilion Reservation Application" which can be found at: www.columbiaininois.com/parkpavilionreservation
- **Special Event Permit Applications must be submitted one month prior to the date of requested special event** to allow for proper time to process with city departments.
- All damages to property and equipment shall be billed to the applicant and paid by said applicant upon receipt.

1. Event Name/Type: _____
Location of Event: _____

2. Beginning Date / Time: _____	Ending Date / Time: _____
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3. Organization Name: _____
Address: _____

4. Person in Charge of Event: _____
Address: _____
Street _____ City _____ State _____ Zip _____
Phone #: _____ E-Mail Address: _____

5. Secondary Contact Person: _____
Mailing Address: _____
Phone #: _____ E-Mail Address: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED BEFORE APPLICATION WILL BE PROCESSED.

A. Operational plan to include activities provided; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; and if street closure is requested, a plan to notify affected business and property owners. (If more space is needed, please attach to this application.)

B. Expected attendance: _____

C. Sketch plan of site? Attached _____ Not Applicable _____

D. Not-for-profit status: Yes _____ ID# _____ Not Applicable _____

E. Will there be inflatable jumpers/bounce houses or amusement rides? * Yes _____ No _____
* If yes, proof of liability insurance from vendor is required.

F. Proof of Liability Insurance must be provided. The City of Columbia must be named as an additional insured with comprehensive general liability limits of not less than \$1,000,000 combined single limit each occurrence; \$2,000,000 aggregate.
Attached _____ Find a sample certificate of insurance at: www.columbiaillinois.com/sampleCOI

G. Will liquor be served at the event? * Yes _____ No _____
If yes, vendors must submit a "Liquor License Application for Special Event Permit" at least 30 days prior to the event. Find the application at: www.columbiaillinois.com/specialeventliquorlicense

H. Will there be mobile food trucks vendors? * Yes _____ No _____
* If yes, stipulations apply and food trucks must be licensed with the City. Please review the food truck vendor application, map and ordinance found here: www.columbiaillinois.com/foodtruckapplication

I. Special considerations requested such as City provided assistance (i.e. Police, Fire, EMS, Parks, Streets Dept). Applicants will be invoiced for the cost of providing these services. Please include specific considerations requested in narrative below or as an attachment.

Signage:
As part of the approval of this special event application, the event will be advertised prior to the event date on the City's electronic message board located at IL Route 3 and Sandbank Rd. Additional temporary signage must be approved separately (additional fee required). A sign permit application can be found at: www.columbiaillinois.com/signpermitapplication

Electric:
Electrical inspections are required for all new exterior electrical connections. The City electrical inspector must be contacted a minimum of twenty- four (24) hours prior inspection.

I agree to abide by the rules and certify that I, on behalf of the applicant or organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the City of Columbia. I also understand that acceptance of application should in no way be construed as a final approval/confirmation of this request.

(Signature of person in charge of event) Date of Submission

For office use only

Only special event permits requiring City department assistance shall be approved by the City Council

City Council		Approved		Denied		N/A		Date:
Director of Community Development		Approved		Denied		N/A		Date:
Permit Issued		Yes		No				Date
Electronic Message Board		Yes		No				Dates:

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
MM/DD/YY (1)

PRODUCER ABC AGENCY	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE
INSURED Vendor Name/Address (3)	INSURER A: Worldwide Insurance Co. (2)
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES SAMPLE COPY / SAMPLE COPY / SAMPLE COPY

THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	(8)	
A (4)	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	(5) GL123	(6) xx/xx/xx	(7) xx/xx/xx	EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE (any 1 fire)	\$	
					MED EXP (any 1 person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS - COMP/OP AGG	\$	
A (9)	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	(5) BA123	(6) xx/xx/xx	(7) xx/xx/xx	COMBINED SINGLE LIMIT (Ea Accident)	\$ 1,000,000	
					BODILY INJURY (per person)	\$	
					BODILY INJURY (per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$ 500,000	
(10)	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$	
					OTHER THAN AUTO ONLY	EA ACC	\$
						AGG	\$
(11)	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
						\$	
						\$	
						\$	
(12)	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY (5) WC123	(6) xx/xx/xx	(7) xx/xx/xx		<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other		
					E.L. EACH ACCIDENT	\$ 1,000,000	
					E.L. DISEASE -EA EMPLOYEE	\$ 1,000,000	
					E.L. DISEASE -POLICY LIMIT	\$ 1,000,000	
(13)	OTHER This section would be used to indicate other coverages such as Builders Risk or Pollution Liability, Liquor Liability, etc.						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

(14) The City of Columbia is named as an additional insured for the (name of event) event on (month/day), 20xx at (address where event will be held).
A copy of the actual additional insured endorsement to the policy is required.

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION (16)

(15) City of Columbia 208 S. Rapp Ave. Columbia, IL 62236	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE (17) Must be signed



SPECIAL EVENT VENDOR SALES TAX COLLECTION GUIDELINES

The following is only needed if you have vendors selling food/merchandise at your event.

PROMOTER (EVENT ORGANIZER'S) RESPONSIBILITIES:

1. Complete the "Event Vendor List" (attached)* to include:
 - Event name, date and location
 - Vendor's business name
 - Name of person(s) engaged in the vendor's business
 - Permanent address of the business
 - Email address
 - Illinois Department of Revenue (IDOR) tax ID # (if available)
- * A digital fill-able version of the "Event Vendor List" can be found at:
www.ColumbiaIllinois.com/EventVendorList
2. Contact the Illinois Department of Revenue (IDOR), Special Events Unit (847-294-4475) to register the event with the state:
 - IDOR will provide the Event Promoter with a "Special Event Tax Collection Report and Payment Coupon" with the name, date, location of the special event and the appropriate sales tax rate and filing instructions (sample coupon is attached)
3. Provide event vendors with a copy of the "Special Event Tax Collection Report and Payment Coupon."
4. Inform vendors of their responsibilities as noted below under "Vendor Responsibilities."
5. No later than the 20th day of the month following the last day of your event, email the "Vendor List Form" (see #1) to:
 - a. Illinois Department of Revenue per instructions on the cover letter you were sent with your coupon; and
 - b. City of Columbia Accounting Manager - lsharp@columbiaillinois.com

VENDOR RESPONSIBILITIES:

1. Collect sales tax at the rate listed at the bottom of the coupon.
2. Report and remit sales tax along with payment coupon to:
 - Illinois Department of Revenue, Springfield, IL (address listed on the coupon).

All questions should be directed to Illinois Dept. of Revenue - Special Events Unit (847-294-4475)

Special Event Tax Collection Report and Payment Coupon

Form DOR-6-SETR (N-6/07)



Read this first

Exhibitors: All exhibitors making sales in Illinois are required to report and pay all tax due based on their total receipts within ten (10) days of the close of the exhibit. The current tax rate for the location of the special event is printed on the coupon to assist you in calculating your tax due. If you have questions, call us at (847)294-4475.

Event coordinators: Please distribute this form to each exhibitor making sales at your special event.

Special Event Information

NAME OF SPECIAL EVENT

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

123 Main Street COLUMBIA, IL
62236

08200 165
00088-55808

Please complete the following coupon and send it with your payment to:

COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

 **Illinois Department of Revenue**
Special Event Tax Payment Coupon
Form DOR-6-SETR (N-6/07)

(133) Mail completed form to :
COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

08200165
00088-55808 MM/DD/YYYY - MM/DD/YYYY

Step 1: Identify yourself

Business name: _____ Telephone no. (_____) _____
Name: _____ Social Security no. _____-_____-_____
Address: _____ FEIN: _____-_____-_____

<Other no.> _____

Step 2: Figure your tax due

Sales Related Taxes \$ _____ x 0.0785 = \$ _____
Total receipts Current Tax Rate for this Location Amount tax due



EVENT VENDOR LIST

EVENT NAME:

EVENT DATE:

EVENT LOCATION:

VENDOR'S BUSINESS NAME	OWNERS NAME	BUSINESS ADDRESS	EMAIL ADDRESS	IDOR TAX ID#