

Willowick Building Department

440-516-3000

Special Event Permit Application

Ordinance 705.05

Applicant Information				<i>Application must be submitted seventy days prior to event</i>			
Name							
Street Address							
City, State, ZIP Code							
Primary Phone				Alternate Phone			
Email Address							
Organization Name							
Responsible Party for Event Conduct							
Street Address							
City, State, ZIP Code							
Primary Phone				Alternate Phone			
Email Address							

Event Information			
Event Name			
Set-Up Date		Start:	End:
Event Date		From:	To:
Event Hours		Start Time:	End Time:
Breakdown Date		Start:	End:
Estimated number of persons to participate in the Special Event:			
Event Description (briefly explain event and planned activities):			



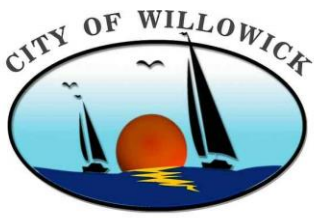
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Provisions for Parking (designate where "No Parking" signs will be used):	
Please specify details of how security and traffic control will be provided:	
Please list the location and time of any requested street closings:	
Street:	Time of Closure:
Street:	Time of Closure:
Street:	Time of Closure:
Will merchandise be sold at the Special Event? If yes, please describe and list any vendors being used:	
Will food or alcoholic beverages be sold? If so, please describe and list any vendors being used:	
Will any animals be used at the Special Event? If yes, please describe:	
Please provide details of how the area of the Special Event will be cleaned up (if on public property):	



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Additional Required Information	
Provide proof that applicant possesses or is able to obtain any licenses or permits required by Codified Ordinances, other City Ordinances, or State Law for the conduct of the Special Event:	
Please provide a sketch showing the area to be used for the Special Event together with proposed structures, tents, fences, barricades, signs, banners, and restroom facilities:	
Indemnification	
An application for a special event permit must execute a written agreement to indemnify the city, officers and employees or secure general liability insurance policy with the coverage of not less than a one million dollars naming the city of Willowick as an insured.	
Agreement and Signature	
I agree to abide by all the conditions herein contained and to comply with all laws and ordinances of the City Of Willowick and laws of the State Of Ohio if applicable and said agreement is a condition of said permit.	
Name (printed):	
Signature:	Date:
Payment Information	
*Application Fee \$150.00	* Permit Fee After Approval \$30.00
All temporary tents / canopies / structures, electrical, building, gas piping and h.v.a.c permits are to be obtained from the Lake County Building Department, 27 Woodland Rd., Painesville Oh 44077. Phone # 440-350-2636.	
All temporary food service licenses and plumbing permits are to be obtained from the Lake County Health Department, 1 Victoria Square Painesville Oh 44077. Phone # 440-350-2543.	
Office Use Only	
<input type="checkbox"/>	Approved Date: _____
<input type="checkbox"/>	Denied Reason: _____
<input type="checkbox"/>	Variance Needed Reason: _____
<input type="checkbox"/>	Willowick Fire Dept. Approved Date: _____
<input type="checkbox"/>	Willowick Police Dept. Approved Date: _____