CITY OF PEORIA
PUBLIC EVENT APPLICATION

Please type or print in black ink
Do not use highlighter

1. Name of event: **EXAMPLE RACE**

2. Event date(s): **JUNE 29, 2019**

   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday
   - Saturday: **06/29/19**
   - Sunday

   Set-up:
   - Start date: **06/29/19**
   - Tear down complete by: **06/30/19**

3. Sponsoring organization: **Example Race Committee**
   Address: **PO Box 1334, Peoria, IL**
   Phone: **309-123-4567**

4. Person in charge of event: **Jane Doe**
   Address: **789 Any Street, Peoria, IL 61629**
   Phone: **_________**
   Birthdate: **01/01/75**
   Driver's License #: **D123-4567-8912**
   State: **IL**
   E-mail: **JaneDoeXXX@gmail.com**

5. Type of Event: **X Race**
   - Parade (non-fundraising)
   - Parade (fundraising)
   - Carnival
   - Bike-a-thon
   - Walk-a-thon
   - Festival
   Other: **_________**

6. Location of Event: **Fulton Plaza**
   - Riverfront Park
   - Liberty Park
   - City Hall Lot
   Other: **_________**

7. Estimated number of participants/attendees: **100**
   - Spectators
   - Exhibitors
   - Horses
   - Other Animals
   - Participants
   - Merchants/vendors
   - Block Captains
   - Parade Units

8. Are you planning a protest, picket, block party or park district event? **Yes**
9. Are you planning a street activity? (If yes, complete question # 26) **Yes**
10. Is the sponsor a proprietorship/partnership/association/corporation? **Yes**
11. Will you have vendors, merchants or exhibitors? **Yes**
12. Are you planning to sell or serve alcohol? **Yes**
13. Are you planning a firework display? Yes
14. Are you planning carnival rides? Yes
15. Are you planning to use tents? (If yes, list sizes on separate sheet) Yes
16. Are you planning to use arcade games? Yes
17. Are you planning to use electricity? (If yes, complete question # 27) Yes
18. Are you planning to use water? (If yes, complete question # 27) Yes
19. Are you planning to use traffic control? (If yes, complete question # 27) No
20. Do you request the City to provide barricades? (If yes, complete question #27) No
21. Are you planning to use security? (If yes, complete question # 27) Yes
22. Are you planning for sanitation? (If yes, complete question # 27) Yes
23. Are you planning for distribution of tax returns? (If yes, complete question # 27) No
24. Are you planning to use traffic control? (If yes, complete question #27) No
25. Are you planning arrangements for clean-up? (If yes, complete question # 28) No
26. If you answered yes to #6, describe the activity type: Run/ Walk participants will run in street

Assembly area location: Fulton Plaza

Exact date and time of street closings and openings:
Desired Route (Subject to approval):
START: Fulton & Adams intersection → Adams
TO: Hamilton → Water
TO: Water
TO: Gateway Building

27. If you answered yes to any questions # 17 through #24, list your provisions for: (Add additional sheet if necessary)
   a. Electricity and water
   b. Traffic, crowd control, security
   c. Barricades
   d. Sanitation
   e. Garbage
   f. Distribution of tax returns
   g. Painting, digging, etc.

28. List your provisions for clean-up: Volunteers

29. Submit map (no larger than 8 1/2" x 11") of the route or layout of the event. DO NOT USE HIGHLIGHTER. Include on the map: Restrooms or portable toilets, first aid facilities, emergency vehicle access routes, restricted driving lanes, exhibitor parking, bandstands and stages, seating, structures, tents, liquor license area, vendor placement and handicapped parking.

Map included? Yes

This application will be considered only when all necessary sections have been completed. Submission of this application does not guarantee approval of the event. The sponsor will be notified of the approval or denial after all City departments and outside agencies have reviewed the complete application.
I hereby agree to operate the described event in accordance with all regulations and conditions imposed by the laws of the State of Illinois and the laws, ordinances and regulations of the City of Peoria for public events. I understand any false statement could result in the revocation or denial of this application.

Signature of Applicant: Jane Doe
Date: May 25, 2019

**NAME SHEET**

Person codes: (Attach additional sheets as necessary)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AO</td>
<td>Arcade machines owner</td>
<td>PP</td>
<td>Proprietor or partner</td>
</tr>
<tr>
<td>CO</td>
<td>Carnival operator</td>
<td>SH</td>
<td>Shareholder</td>
</tr>
<tr>
<td>EX</td>
<td>Exhibitor</td>
<td>SP</td>
<td>Sponsor</td>
</tr>
<tr>
<td>FO</td>
<td>Fireworks operator</td>
<td>TO</td>
<td>Tent owner</td>
</tr>
<tr>
<td>LL</td>
<td>Liquor license holder</td>
<td>VM</td>
<td>Vendor or merchant</td>
</tr>
</tbody>
</table>

Name: ____________________________ Title: __________ Code: __________
Address: __________________________
Phone: __________________________
Birthdate: __/__/__ Driver’s License #: __________________________ State: __________

Name: ____________________________ Title: __________ Code: __________
Address: __________________________
Phone: __________________________
Birthdate: __/__/__ Driver’s License #: __________________________ State: __________

Name: ____________________________ Title: __________ Code: __________
Address: __________________________
Phone: __________________________
Birthdate: __/__/__ Driver’s License #: __________________________ State: __________

Name: ____________________________ Title: __________ Code: __________
Address: __________________________
Phone: __________________________
Birthdate: __/__/__ Driver’s License #: __________________________ State: __________
CERTIFICATE OF LIABILITY INSURANCE

A company provides liability insurance to the Insured named above. This certificate states the terms and conditions of the insurance. It is a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**Important:** If the certificate holder is an additional insured, the policyholder must have additional insured provisions or be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

**Producer:** XYZ Company
100 Main St.
Pearla, IL 61629

**Insured:** Example Race Committee
PO Box 1234
Peoria, IL 61629

**Coverages**

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EACH OCCURRENCE: $1,000,000</td>
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<td></td>
<td>ACCIDENTAL DEATH &amp; DISMEMBERMENT: $1,000,000</td>
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<td></td>
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<td>MED EXP (Any one person): $15,000</td>
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<td>PERSONAL &amp; ADJUR INJURY: $10,000,000</td>
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<td></td>
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<td>GENERAL AGGREGATE: $25,000,000</td>
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<tr>
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<td>PRODUCTS-CONCERN AGG: $1,000,000</td>
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</tbody>
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**Additional Insured:**

The City of Peoria and Illinois Department of Transportation named as additional insureds as respects to General Liability coverage as evidenced herein with regards to Kappa Delta Shamrock 5K Run/1-Mile Walk on Saturday, March 3, 2018.

**Certificate Holder Cancellation:**

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

**Authorized Representative:**

Joseph Schmoe

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