



# APPLICATION *for a* **SPECIAL EVENT LICENSE**

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

**All indebtedness to the City must be paid in full before any Regulatory License will be issued.**

## PRINT OR TYPE ONLY

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**TYPE OF EVENT:** \_\_\_\_\_

**LOCATION FOR EVENT:** \_\_\_\_\_

**DATES FOR EVENT:** \_\_\_\_\_

**Illinois Business Tax Number (IBT#):** \_\_\_\_\_

## BUSINESS OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## PROPERTY OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## LOCAL CONTACT INFO:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## APPLICANT: Please attach a copy of Driver's License, information to be used by Police Department only

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

(City, State)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION for a SPECIAL EVENT LICENSE

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

### **AFFIDAVIT**

I \_\_\_\_\_, d/b/a \_\_\_\_\_,  
have completed and submitted an application for a Special Event License in the City of Alton, Illinois; I  
acknowledge that this does not indicate that I have been licensed to hold a Special Event or to operate business.  
A Special Event License will not be issued until all inspections have been completed and approved.

Signature: \_\_\_\_\_  
*Applicant* *Date*

For office use only:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## APPLICATION for a SPECIAL EVENT LICENSE

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)



*City of Alton, Illinois*



POLICE DEPARTMENT  
1700 E. BROADWAY  
ALTON, ILLINOIS 62002  
(618) 463-3505

**Jason "Jake" Simmons**  
*Chief of Police*

In order to better serve Alton businesses, the Alton Police Department requests that you complete the attached form. This form provides emergency contact names and telephone numbers to be used after normal business hours. This confidential information will be maintained and used only by the Alton Police Department.

Contact with a representative of the business may be necessary in the event of alarm activation, unsecured business, or any criminal activity. If at a later date information needs to be updated, please contact an Alton Police Department dispatcher at 618-463-3505, extension 249.

If you have any questions or concerns regarding this matter, please contact Chief Jason "Jake" Simmons at 618-463-3505, extension 224.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Simmons".

Jason "Jake" Simmons  
Chief of Police



**APPLICATION for a SPECIAL EVENT LICENSE**

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)



**BUSINESS EMERGENCY CONTACT INFORMATION**

(This information is kept confidential and is for Alton Police Dept. use only)

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS HOURS:** \_\_\_\_\_

**\* EMERGENCY CONTACT PERSON: Should have a minimum of two names. Only key holders should be listed. Please list for each: Name, Date of Birth, Home Address, Home Phone, Business Phone (if different from listed business), pager/other number, and/or Cellular phone number.**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last* *MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street* *City, State* *ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last* *MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street* *City, State* *ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_

3. Name \_\_\_\_\_ DOB: \_\_\_\_\_  
*First, Middle, Last* *MM/DD/YY*

Position: \_\_\_\_\_  
*Constituent-Owner/Manager/Employee*

Home Address: \_\_\_\_\_  
*Street* *City, State* *ZIP*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Pager/Other: \_\_\_\_\_ Cellular: \_\_\_\_\_



## APPLICATION for a SPECIAL EVENT LICENSE

CITY OF ALTON, ILLINOIS

Cynthia A. Roth • Alton City Treasurer

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)



## Chapter 2 SPECIAL EVENTS

### 4-2-1: REGULATORY CERTIFICATE REQUIRED:

It shall be unlawful for any person or persons to conduct, promote, or produce any "special event", as herein defined, without first obtaining a Class B regulatory certificate as defined in Chapter 1 of this Title. (Ord. 5984, 6-28-1995)

### 4-2-2: DEFINITION:

SPECIAL EVENT: Includes, for the purposes of this Chapter, all events which do not continue in actual and regular business activity for more than a seven (7) day period and which are not specifically regulated by another chapter or section of this Title. (Ord. 5984, 6-28-1995)

### 4-2-3: EXEMPTIONS AND EXCLUSIONS:

No regulatory certificate shall be required for special events held by churches or fraternal or social organizations; nor for special events held by public or private schools. (Ord. 5984, 6-28-1995)

### 4-2-4: EXIT LIGHTS:

It shall be the duty of the owner or occupant in charge of any building or hall used as an assembly hall with accommodations for one hundred (100) persons or more in which theatricals, shows, amusements, lectures and other entertainment is offered, operated or presented to provide and place a sign on which the word "EXIT" shall appear in letters at least six inches (6") high, over every door or other opening from such hall to every means of egress therefrom, and a light shall be provided with a red globe and placed at or over such sign, which light shall be kept burning during the entire period that the hall is open to the public and until the audience has left the hall. (Ord. 5984, 6-28-1995)



## APPLICATION *for a* SPECIAL EVENT LICENSE

**CITY OF ALTON, ILLINOIS**

**Cynthia A. Roth • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [croth@cityofaltonil.com](mailto:croth@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)



### **4-2-5: ILLINOIS BUSINESS TAX NUMBER:**

Upon application for a regulatory certificate, pursuant to the provisions of this Chapter, any person or persons conducting, promoting or producing any special event must provide the Illinois business tax number of any vendor participating in retail sales to the City prior to the start of the special event. (Ord. 5984, 6-28-1995)

### **4-2-6: LENGTH OF CERTIFICATE:**

The special event certificate shall be valid for only one seven (7) day period at a time. Any requests for an extension of the seven (7) day period must be approved by the City Treasurer and an additional fee shall be charged. (Ord. 5984, 6-28-1995)