AURORA FIRE PREVENTION BUREAU
5 E. DOWNER PL. SUITE G
AURORA, IL 60505
630-256-4130 / FAX 630-256-4139 / wwwfpb@aurora-il.org

Application for Assembly Operational Permit

(Section 105.6.4)

Normal Use Special Event Carnival Fair Circus Special Amusement
Circle Type

Event (Business) Name_____ Date(s) of Event_____
Location of Event_____ Hours: _____
Applicant's Name_____ Phone #_____
Address_____
Cell #_____ Fax # _____ E-mail Address: _____

Class of Assembly (check all that apply)

Above Grade ___ Below Grade ___ At Grade ___ Outside ___ Tent(s) ___
Over 600 ___ Over 1,000 ___ Occupant load: _____ Posted? Y__ N__
Fire Extinguishers present: Y__ N__ How many? ____
Kitchen present? Y__ N__ Liquor License? Y __ N __ Class of Liquor Liense: ____
No smoking signs posted? N/A__ Y__ N__
Fire Alarm? Y__ N__ Sprinkler System? Y__ N__ Hood System? Y__ N__
Live entertainment? NA __ Y__ N__ Sometimes__ How Often? _____
Type: Band__ DJ__ Other (explain)_____
Stage: None__ Temporary__ Permanent__
Will you be using a smoke machine? Y__ N__ Will you be using pyrotechnic displays? Y__ N__
Method to determine number of occupants present: Describe _____
_____
Ticket sales: At door__ Pre-sales__ Both__ Provide copy of ticket manifest.

Will a tent be used? Y__N__ (separate building permit is required)

Size of tent_____ Number of exits___ (attach separate sheet for additional tents)
Electric exit signs Y__N__ Emergency light Y__ N__
How is Electrical power being supplied? _____

NOTICE: No smoking, no combustible (hay straw and like materials) and no open flames allowed inside a tent or within twenty (20) feet of the tent.

Documents required for all Assembly Uses* (attach copy)

- Provide site plan (indicate lot lines, parking, tents, building, streets and vendors)
- Provide information on Emergency Evacuation plan and Fire Safety Plan**
- Seating Plan (provide copy)
- Crowd control manager(s)' names (1 manager per 250 occupants required. Provide list of names)
- Attach letter from property owner for use of land

*(All requests for drawings may be on one plan as long as it is clear)

Presence of Police Officers required: Y__ N__

Contact Aurora Police Department at (630) 256-5000 for requirements.

The above information is true to the best of my knowledge. False or incorrect information may result in permit being revoked.

_____ _____ _____
Applicant signature Print Name Date

Permit must be submitted two weeks prior to event

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Office Use Only
Date received_____ Site Plan ___ Evacuation Plan ___ Occupant Load_____ Site visit_____

Permit: Approved _____Disapproved _____ Date _____