AURORA FIRE PREVENTION BUREAU
5 E Downer Pl. Suite G
AURORA, IL 60505
630-256-4130 FAX 630-256-4139
www.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 of Event_____
Location of Event_____Hours: _____
Applicant's Name_____ Phone #_____
Contact email _____

Address_____

Class of Assembly (check all that apply)
Above Grade__ Below Grade__ At Grade__Outside__Tent__over600__over1000__
Occupant load: _____Posted Y__N__ Fire Extinguishers present: Y__N__ How Many____
Kitchen present Y__N__ Class of Liquor License: _____ 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 use a smoke machine? Y__N__ Will you use Pyrotechnic Displays? Y__N__
Method to determine number of occupants present: Describe_____
Ticket sales at Door__Presales__Both__ Provide ticket manifest
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? _____

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 managers name (1 per 250 Occupants (attach list of names) and certificate
  For class go to: http://www.firemarshal.state.md.us/crowdmanager/
- 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 required: Y__N__
Contact Aurora Police Department (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

Office Use
Date received_____ Site Plan ___Evacuation Plan ___Occupant Load__Site visit_____
Permit approved_____Disapproved_____