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_______

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