



507 W. Strong St., PO Box 667
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APPLICATION FOR TEMPORARY SPECIAL EVENT PERMIT

\$50.00 FEE REQUIRED UPON APPROVAL

Date of Application: _____

Name/Business: _____

Address: _____

Phone: _____ Email: _____

Event Information

Address: _____

Date(s): _____ Hours: _____

Expected number of attendees: _____ Will admission be charged: YES NO

Purpose of the event: _____

Is this a charitable event: YES NO If YES, are you requesting the fee be waived: YES NO

Will alcoholic beverages be served/sold: YES NO

If YES, do you have a current Village of Tolono and State of Illinois Liquor License: YES NO

If NO, are you requesting a temporary Village of Tolono Liquor License: YES NO

Insurance company: _____ Amount of liability insurance: _____
(Please attach a copy of Certificate of Liability Insurance)

Number of security persons: _____ Will the area be fenced: YES NO

Will there be music or amplified noise: YES NO If YES, what type of amplified noise will
be created: _____

Village support special requests (road closure, police support, equipment, etc): YES NO

Type of support requested: _____

Office Use

Notes:

Approved By:

Date:

Date applicant informed of decision: _____

Fee Paid

Date: _____

Cash Credit Card Check # _____