



CITY OF ZION

SPECIAL EVENT VENDOR PERMIT APPLICATION

2828 Sheridan Road, Zion, IL 60099

847-746-4012 - FAX 847-746-7167

www.cityofzion.com

FEE:

_____ **\$25.00**

_____ ***NO FEE**

*No fee is required if the applicant is a current City of Zion Business License holder, a public government entity or if the entertainment event is sponsored by the City of Zion or any public government entity.

Fee is to be paid by the Entertainment License or Special Event Permit Holder (Zion Code Section 14-205).

Sound Amplifier Permits require a separate application.

Vendor Name:	
Address:	
Contact No.:	Vendor State Tax ID No.:
Event Type/Name:	
Sponsoring Organization:	
Event Location:	
Date(s) of Event(s):	

- ◆ Every permit holder shall exhibit his permit on his person.
- ◆ No vendor or his employees shall interfere with the presentation of the event.
- ◆ Vendors shall be properly attired in shirts and shoes.
- ◆ Violators of the special event vendor ordinance shall be subject to arrest and a fine up to \$750.00.

PLACE A CHECK NEXT TO ALL THAT APPLY:

GENERAL REQUIREMENTS:

_____	Sound Amplifier Permit needed (separate application)
_____	Food served (Attach a copy of Lake County Health Department Permit)
_____	Certificate of Insurance or Solicitor Permit Bond in the amount of \$1,000 is attached
_____	Property Owner Approval Needed

REQUESTS TO VEND ON PRIVATE PROPERTY REQUIRE PROPERTY OWNER APPROVAL

Property Owner Name:	
Contact No.:	Fax No.:
Property Owner Signature:	

Hold Harmless Statement: The applicant hereby agrees to indemnify and hold harmless the City of Zion, its Corporate Authorities, officers, agents, and employees from and against any and all claims, suits, damage, causes of action, judgments, loss, costs, expenses, and attorney's fees arising out of personal injury, including death, property loss or theft sustained by any person on the premises during or as a result of the applicant's permission to hold an activity/event.

I hereby further certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand the failure to supply adequate or correct information will be subject to revocation of permission to hold such an activity/event.

Applicant Signature

Date

Print Applicant's Name and Title

- ❖ **Please note that approval of this permit does not indicate approval of any other required permits or licenses.**
- ❖ **All license fees are non-refundable.**
- ❖ **Permits will be mailed directly to the vendor at the address listed above unless otherwise specified.**

(For Office Use Only)

Date: _____

Total Amount Paid: _____

Receipt No.: _____

Permit No.: _____