



SPECIAL EVENT PERMIT APPLICATION

City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618-281-7144 x 134

Instructions to Applicant:

- The following information must be completed and submitted to the City Clerk's Office at Columbia City Hall.
- **Application Fee: \$125.00** city residents and **\$250.00** non-residents (**fee is non-refundable**).
- **Park Pavilion Rental:** Is NOT included with this application. If you are interested in renting a pavilion for your event, please submit a "Park Pavilion Application" – additional fee will be required.
- Special Event Permit Applications must be submitted one month prior to the date of requested special event to allow for proper time to process with city departments.
- All damages to property and equipment shall be billed to the applicant and paid by said applicant upon receipt.
- Per state statute 775 ILCS 50/5(d), organizers of ALL City approved special events must post the attached notice complying with the requirements of the Human Trafficking Resource Center Notice Act. The notice must be posted in, "a conspicuous and accessible place on the premises in clear view of the public where similar notices are customarily posted."

1. Event Name/Type: _____
Location of Event: _____

2. Beginning Date / Time: _____	Ending Date / Time: _____
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3. Organization Name: _____
Address: _____

4. Person in Charge of Event: _____
Address:
Street _____ City _____ State _____ Zip _____
Phone #: _____ E-Mail Address: _____

5. Secondary Contact Person: _____
Mailing Address: _____
Phone #: _____ E-Mail Address: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED BEFORE APPLICATION WILL BE PROCESSED.

A. Narrative including activities provided; traffic/parking plan; contingency plans for rain; plans for toilet facilities; security plan; etc. (If more space is needed, please attach to this application.)

B. Expected attendance: _____

C. Sketch plan of site? Attached Not Applicable

D. Not-for-profit status: Yes ID# _____ Not Applicable

E. Will there be inflatable jumpers/bounce houses or amusement rides: * Yes No
* If yes, a Proof of Liability Insurance is required. (See Clerk's Office for details.)

F. Proof of Liability Insurance must be provided and, if the event is held on City property, the City of Columbia must be named as an additional insured with Comprehensive General Liability limits of not less than \$1,000,000 combined single limit, each occurrence/\$2,000,000 aggregate.
Attached Not Applicable

G. Refundable security deposit (to protect City facilities) for two times the application fee.
Paid Not Applicable

H. Liquor license information for beer sales (including hours of sale): _____
Attach release/ indemnification forms and a copy of the liquor license and certificate of liquor liability.

I. Will there be mobile food trucks or vendors: * Yes No
* If yes, please see attached forms. Note: food trucks must be licensed with the City.

J. Special considerations requested such as City provided assistance (i.e. Police, Fire, EMS, Parks, Streets Dept). Fees may be charged for these services. Please include specific considerations requested in narrative below or as an attachment.

Signage:
As part of the approval of this Special Event Permit, temporary signs for said Special Event shall be permitted as provided for in the City Sign Ordinance or as otherwise approved by the City Council. A sign permit application can be picked up at the City Clerk's office or found on the city website: www.columbiaillinois.com; go to: "Applications & Permits" – "Sign Permit Application".

Electric:
Electrical inspections are required for all new exterior electrical connections. The City electrical inspector must be contacted a minimum of twenty- four (24) hours prior inspection.
I agree to abide by the rules and certify that I, on behalf of the applicant or organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the City of Columbia. I also understand that acceptance of application should in no way be construed as a final approval/confirmation of this request.

I have received the notice for victims of slavery and human trafficking & will post it per state statute 775 ILCS 50/5(d)

(Signature of person in charge of event) Date of Submission

For office use only

"Special Events Permits" shall go before the City Council for approval.

Approved: City Council _____ (Date) _____

None Requested Parks Dept. Police Dept. Fire and EMS Depts.
DOPW / Street Department (for street closings, signalization, and detour routes)

Victims of slavery and human trafficking are protected under United States and Illinois law

If you or someone you know:

- Is being forced to engage in any activity and cannot leave, whether it is:
 - Commercial sex industry (street prostitution, strip clubs, massage parlors, escort services, brothels, internet),
 - Private Homes (housework, nannies, servile marriages),
 - Farm work, landscaping, construction,
 - Factory (industrial, garment, meat-packing),
 - Peddling rings, begging rings, or door-to-door sales crews
 - Hotel, retail, bars, restaurant work or
 - Any other activity
- Had their passport or identification taken away or
- Is being threatened with deportation if they won't work

National Human Trafficking Resource Center

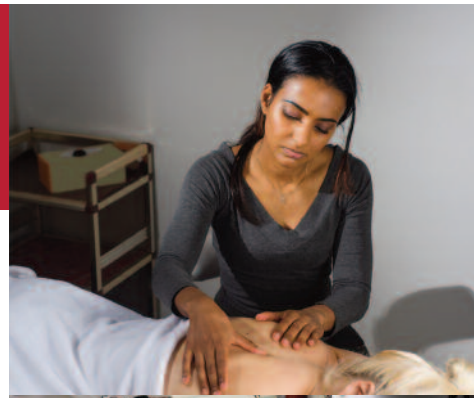
1-888-373-7888

Or Text "HELP" to 233733
to access help and services.

The hotline is:

- Available 24 hours a day, 7 days a week.
- Toll-free.
- Operated by nonprofit nongovernmental organizations.
- Anonymous and confidential.
- Accessible in more than 160 languages.
- Able to provide help, referral to services, training, and general information.

For more information: www.TraffickingResourceCenter.org



Las víctimas de esclavitud y trata de personas están protegidas bajo las leyes de Estados Unidos y de Illinois

Si usted o alguien que usted conoce:

- Es forzado a participar en cualquier actividad y no puede dejarla, ya sea de:
 - La industria del sexo comercial (prostitución callejera, clubes, salas de masaje, servicios de acompañante, burdeles, Internet)
 - Residencias privadas (trabajo doméstico, cuidado de niños, matrimonios serviles)
 - Trabajo en fincas, jardinería, construcción.
 - Fábricas (industrial, textil, empaqueo de carnes).
 - Grupos de venta ambulante, limosneros o grupos de ventas callejeras
 - Hoteles, tiendas, bares, trabajo en restaurantes o
 - Cualquier otra actividad.
- Le quitaron su pasaporte u otra forma de identificación.
- Le amenazan con deportación si rehúsa trabajar.

Centro Nacional de Recursos Para la Trata de Personas

1-888-373-7888

O para acceso a servicios y ayuda,
envíe un texto con la palabra "HELP" al 233733

La línea:

- Está disponible las 24 horas del día, los 7 días de la semana.
- Es gratis
- Está operada por organizaciones no gubernamentales sin fines de lucro.
- Es anónima y confidencial.
- Está disponible en más de 160 idiomas diferentes.
- Puede brindar ayuda, recomendar otros servicios, proveer adiestramiento e información general.

Para más información: www.TraffickingResourceCenter.org



SPECIAL EVENT VENDOR SALES TAX COLLECTION GUIDELINES

The following is only needed if you have vendors selling food/merchandise at your event.

PROMOTER (EVENT ORGANIZER'S) RESPONSIBILITIES:

1. Complete the "Event Vendor List" (attached)* to include:
 - Event name, date and location
 - Vendor's business name
 - Name of person(s) engaged in the vendor's business
 - Permanent address of the business
 - Email address
 - Illinois Department of Revenue (IDOR) tax ID # (if available)
- * A digital fill-able version of the "Event Vendor List" can be found at:
www.ColumbiaIllinois.com/EventVendorList
2. Contact the Illinois Department of Revenue (IDOR), Special Events Unit (847-294-4475) to register the event with the state:
 - IDOR will provide the Event Promoter with a "Special Event Tax Collection Report and Payment Coupon" with the name, date, location of the special event and the appropriate sales tax rate and filing instructions (sample coupon is attached)
3. Provide event vendors with a copy of the "Special Event Tax Collection Report and Payment Coupon."
4. Inform vendors of their responsibilities as noted below under "Vendor Responsibilities."
5. No later than the 20th day of the month following the last day of your event, email the "Vendor List Form" (see #1) to:
 - a. Illinois Department of Revenue per instructions on the cover letter you were sent with your coupon; and
 - b. City of Columbia Accounting Manager - lsharp@columbiaillinois.com

VENDOR RESPONSIBILITIES:

1. Collect sales tax at the rate listed at the bottom of the coupon.
2. Report and remit sales tax along with payment coupon to:
 - Illinois Department of Revenue, Springfield, IL (address listed on the coupon).

All questions should be directed to Illinois Dept. of Revenue - Special Events Unit (847-294-4475)

Special Event Tax Collection Report and Payment Coupon

Form DOR-6-SETR (N-6/07)



STATE OF

Illinois

DEPARTMENT OF REVENUE

Read this first

Exhibitors: All exhibitors making sales in Illinois are required to report and pay all tax due based on their total receipts within ten (10) days of the close of the exhibit. The current tax rate for the location of the special event is printed on the coupon to assist you in calculating your tax due. If you have questions, call us at (847)294-4475.

Event coordinators: Please distribute this form to each exhibitor making sales at your special event.

Special Event Information

NAME OF SPECIAL EVENT

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

123 Main Street COLUMBIA, IL
62236

08200 165
00088-55808

Please complete the following coupon and send it with your payment to:

COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035



Illinois Department of Revenue Special Event Tax Payment Coupon

Form DOR-6-SETR (N-6/07)

(133)

Mail completed form to :
COLLECTION SUPPORT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

08200165
00088-55808

MM/DD/YYYY - MM/DD/YYYY

Step 1: Identify yourself

Business name: _____ Telephone no. (_____) _____

Name: _____ Social Security no. _____ - _____ - _____

Address: _____ FEIN: _____ - _____ - _____

_____ <Other no.> _____

Step 2: Figure your tax due

Sales Related Taxes \$ _____ x 0.0785 = \$ _____

Total receipts

Current Tax Rate for this Location

Amount tax due



EVENT VENDOR LIST

EVENT NAME:

EVENT DATE:

EVENT LOCATION:

VENDOR'S BUSINESS NAME	OWNERS NAME	BUSINESS ADDRESS	EMAIL ADDRESS	IDOR TAX ID#