## City of West Chicago CARNIVAL PERMIT APPLICATION

## THIS FORM MUST BE COMPLETED IN FULL BY CARNIVAL BUSINESS OWNER & SUBMITTED 90 DAYS PRIOR TO THE EVENT

**NOTE**: A Special Event Permit Application shall be completed by the event coordinator in addition to the Carnival Permit Application and submitted to the City of West Chicago 90 days prior to the event. The form is available for download at www.westchicago.org/forms.

Print Name



City of West Chicago 475 Main Street West Chicago, IL 60185 (630) 293-2200

Applicant is:	Corporation	Partnership	Individual	
Legal Name of Busin	ess:			
Business Phone:			Business Fax:	
Address of Business	:			
Applicant's Name:			Title:	
Applicant's Address:				
Applicant's Phone: _	oplicant's Phone: Applicant's Cell Phone:			
Applicant's Email Add	dress:			
Location/address wh	ere carnival will be o	operated:		
Dates of carnival operation: Start Close				
Estimate total number	er of employees* dur	ring event:		
Applicant's Signature	)		Nota	ary Seal Here
(Notary Public Signat	ture)			
Signed and sworn to	before me this	day of		20
to fingerprint backg Police Department	ground checks to b at (630) 293-2222 to	e completed 21 de completed 21	ays prior to the event. ( printing.	beverage stalls, MUST submit Contact the West Chicago
			********	**********
		•	request for a permit has	
☐ Approved ☐ [	Denied Notes:			
Authorized Signature	e – Police Dept. Rep	resentative	Date	Number of fingerprint background checks completed:
Print Name				
Authorized Signature	e – Community Dev.	Representative	Date	