



Special Event Application

Name of Applicant: _____ **Club Number:** _____

Type of Event: ☐ Picnic ☐ Fundraiser ☐ Party/Social Event ☐ Wedding/Wedding Reception ☐ **N/A** Athletic Event
☐ Other(describe): _____

Describe applicant's role and responsibility in event: _____

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure or flyer to this application or include details on all activities taking place):

Location of event _____

Where will attendees park? _____

Dates of event: From: ____/____/____ To: ____/____/____ Time: ____ to ____

Are additional dates needed for set-up and take-down? ☐ Yes* ☐ No

*If yes, what are the dates? From: ____/____/____ To: ____/____/____ Time: ____ to ____

Would you like to include a rain date? ☐ Yes* ☐ No *If yes, what date? _____

Estimated number of attendees _____ Average age of attendees _____
(If approved, provide list to board of directors or manager for approval 2 weeks before event)

Will there be any entertainment? ☐ Yes* ☐ No

*If yes, describe and include name of performers and acts: _____

Is there a website for this event? ☐ Yes* ☐ No

*If yes, provide website address: _____

Is the applicant selling, serving or furnishing alcoholic beverages? ☐ Yes ☐ No

Is the applicant required to have a valid liquor license for the event? ☐ Yes ☐ No

(Attach copy of valid liquor license if required for event)

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Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course? ☐ Yes ☐ No

Will alcohol be sold by applicant? ☐ Yes ☐ No

Estimated Number of attendees consuming alcohol: _____

Do you have enough punches for your number of guests? ☐ Yes ☐ No

If over 50 attendees, how many port-o-lets will you provide? _____. (75-125 2 port-o-lets required/125-200 3 required)

Will attendees be permitted to swim, boat, camp or fish? ☐ Yes* ☐ No

*If yes, describe: _____

Will event feature any of the following: Moon bounce, rock climbing wall, trampoline, or similar rebounding devices, petting zoo or animals and rides or mechanical rides/devices? ☐ Yes* ☐ No

*If yes, describe: _____

Not Available:

Will there be any firearms, special effects, fireworks/pyrotechnics? ☐ N/A ☐ Yes* ☐ No

Is this an ATHLETIC EVENT, complete below if yes: ☐ N/A ☐ Yes* ☐ No

Describe security measures if any: ☐ N/A ☐ Yes ☐ No

WHAT OTHER VENDOR OR SERVICES ARE NEEDED AND PROVIDED BY AN OUTSIDE VENDOR?

CATERER	☐ Member Provided	☐ Outside Vendor (Health Department Certificate Required)
FLORIST	☐ Member Provided	☐ Outside Vendor
PHOTOGRAPHER	☐ Member Provided	☐ Outside Vendor
TENT/SHELTER	☐ Member Provided	☐ Outside Vendor
TABLE/CHAIRS	☐ Member Provided	☐ Outside Vendor
OFFICIANT	☐ Member Provided	☐ Outside Vendor

OTHER SERVICES/VENDERS(DESCRIBE): _____

INSURANCE COVERAGE REQUIREMENTS:

- PROVIDE PROOF/COPY OF INSURANCE COVERAGE (Minimum \$1,000,000) FOR YOUR EVENT (Contact your local insurance agent or Kim Struebing at 309-661-8300)
- PROVIDE PROOF/COPY OF INSURANCE COVERAGE FOR EACH VENDOR OR SERVICE NOT PROVIDED BY THE MEMBER.
- IF LIQUOR IS BEING SERVED, SOLD AND/OR PROVIDED, PROOF/COPY OF DRAMSHOP INSURANCE IS REQUIRED.
- **ALL INSURANCE MUST SHOW "COAL CITY AREA CLUB" AS ADDITIONAL INSURED.**

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Phone of primary contact: _____ Email Address of primary contact: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Anyone knowingly presenting fraudulent information on this application could result in termination of membership.

Applicant's Signature: _____ Title: _____ Date: _____

ADDITIONAL APPLICANT INFORMATION (If Applicable)

Form of Business: ___ Individual ___ Corporation ___ Partnership ___ LLC ___ Other ___

What year did the business start? _____

Applicant's Mailing Address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

OFFICE USE ONLY

IF REQUIRED, PROOF/COPY OF INSURANCE COVERAGE FOR YOUR EVENT.

DATE RECEIVED/VERIFIED _____

IF REQUIRED, PROOF/COPY OF INSURANCE COVERAGE FOR EACH VENDOR OR SERVICE NOT PROVIDED BY THE MEMBER.

DATE RECEIVED/VERIFIED _____

IF LIQUOR IS BEING SERVED, SOLD AND/OR PROVIDED, PROOF/COPY OF DRAMSHOP INSURANCE IF REQUIRED.

DATE RECEIVED/VERIFIED _____

IF OUTSIDE FOOD VENDOR, PROVIDE PROOF/COPY OF HEALTH DEPARTMENT CERTIFICATE

DATE RECEIVED/VERIFIED _____

APPROVED GUEST LIST: DATE RECEIVED/VERIFIED _____

ALL INSURANCE MUST SHOW "COAL CITY AREA CLUB" AS ADDITIONAL INSURED.

APPROVED BY: _____ APPROVED BY: _____

(Activity Committee person)

(Board Officer)