

**AURORA FIRE PREVENTION BUREAU**  
**5 E. DOWNER PL. SUITE G**  
**AURORA, IL 60505**  
630-256-4130 / FAX 630-256-4139 / [wwwfpb@aurora-il.org](mailto:wwwfpb@aurora-il.org)

**Application for Assembly Operational Permit**  
**(Section 105.6.4)**

Normal Use    Special Event    Carnival    Fair    Circus    Special Amusement  
Circle Type

Event (Business) Name Windy City Amusements Inc.    Date(s) of Event Aug 7-9, 2015  
Location of Event Northgate 886-954 N. Lake St    Hours: Fri 5-10 pm Sat 1-10 Sun 1-10 pm  
Applicant's Name Tony Salerno    Phone # (630) 443-4547  
Address 914 W. Main St. St. Charles IL 60174  
Cell # (630) 327-7152    Fax # (630) 443-4548    E-mail Address: Office@windycityamusements.com

**Class of Assembly** (check all that apply)

Above Grade  Below Grade  At Grade  Outside  Tent(s)   
Over 600  Over 1,000  Occupant load: N/A Posted? Y  N   
Fire Extinguishers present: Y  N  How many? 12+  
Kitchen present? Y  N  Liquor License? Y  N  Class of Liquor License: \_\_\_\_\_  
No smoking signs posted? N/A  Y  N   
Fire Alarm? Y  N  Sprinkler System? Y  N  Hood System? Y  N   
Live entertainment? NA  Y  N  Sometimes  How Often? \_\_\_\_\_  
Type: Band  DJ  Other (explain) \_\_\_\_\_  
Stage: None  Temporary  Permanent   
Will you be using a smoke machine? Y  N  Will you be using pyrotechnic displays? Y  N   
Method to determine number of occupants present: Describe N/A

Ticket sales: At door  Pre-sales  Both  Provide copy of ticket manifest.

**Will a tent be used?** Y  N  (separate building permit is required)

Size of tent \_\_\_\_\_ Number of exits \_\_\_\_\_ (attach separate sheet for additional tents)  
Electric exit signs Y  N  Emergency light Y  N   
How is Electrical power being supplied? Generators

**NOTICE: No smoking, no combustible (hay straw and like materials) and no open flames allowed inside a tent or within twenty (20) feet of the tent.**

**Documents required for all Assembly Uses\*** (attach copy)

- Provide site plan (indicate lot lines, parking, tents, building, streets and vendors)
- Provide information on Emergency Evacuation plan and Fire Safety Plan\*\*
- Seating Plan (provide copy)
- Crowd control manager(s)' names (1 manager per 250 occupants required. Provide list of names)
- Attach letter from property owner for use of land

\*(All requests for drawings may be on one plan as long as it is clear)

**Presence of Police Officers required:** Y  N

Contact Aurora Police Department at (630) 256-5000 for requirements.

The above information is true to the best of my knowledge. False or incorrect information may result in permit being revoked.

Tony Salerno  
Applicant signature

Tony Salerno  
Print Name

5/12/15  
Date

**Permit must be submitted two weeks prior to event**

\*\*\*\*\*

Office Use Only

Date received \_\_\_\_\_ Site Plan  Evacuation Plan  Occupant Load \_\_\_\_\_ Site visit \_\_\_\_\_

Permit: Approved  Disapproved  Date \_\_\_\_\_