

AURORA FIRE PREVENTION BUREAU

5 E Downer Pl. Suite G

AURORA, IL 60505

630-256-4130 FAX 630-256-4139

www.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 KERMESS FESTIVAL Date of Event 8/12/2018
Location of Event GROUNDS OF ST. RITA Hours: 10:00 AM - 7:00PM
Applicant's Name REV. FR. OSCAR CORTES Phone # 630-892-5918
Contact email WWW.SAINTRITAEFCASCIA.ORG

Address _____

Class of Assembly (check all that apply)

Above Grade Below Grade At Grade Outside Tent over600 over1000
Occupant load: _____ Posted Y N Fire Extinguishers present: Y N How Many _____
Kitchen present Y N Class of Liquor License: NO No smoking signs posted N/A Y
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 use a smoke machine? Y N Will you use Pyrotechnic Displays? Y N
Method to determine number of occupants present: Describe _____
Ticket sales at Door Presales Both Provide ticket manifest _____
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? _____

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 managers name (1 per 250 Occupants (attach list of names) and certificate
For class go to: <http://www.firemarshal.state.md.us/crowdmanager/>
- 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 required: Y N

Contact Aurora Police Department (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.

Fr. Oscar Cortes OSCAR CORTES 08-23-18
Applicant Signature Print Name Date

PERMIT MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT

Office Use
Date received _____ Site Plan _____ Evacuation Plan _____ Occupant Load _____ Site visit _____
Permit approved _____ Disapproved _____