

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^X Fair Circus Special Amusement

Circle Type

Event (Business) Name Fox Valley Mall Spring Carnival Date of Event April 27-30, 2017 & May 4-7, 2017
Location of Event 195 Fox Valley Center Aurora, IL Hours: Thurs: 6-10PM; Fri: 6-11P; Sat: 2-11P; Sun: 2-10PM
Applicant's Name Fantasy Amusement Co., Inc. Phone # 847-259-9090
Contact email fac9090@comcast.net

Address 629 N. Forrest Ave. Arlington Heights, IL 60004

Class of Assembly (check all that apply)

Above Grade Below Grade At Grade Outside Tent over600 over1000
Occupant load: Posted Fire Extinguishers present: How Many
Kitchen present Class of Liquor License: N/A No smoking signs posted N/A
Fire Alarm Sprinkler System Hood System
Live entertainment NA Sometimes How Often?
Type: Band DJ Other (explain) Stage: None Temporary Permanent
Will you use a smoke machine? Will you use Pyrotechnic Displays?
Method to determine number of occupants present: Describe
Ticket sales at Door Presales Both Provide ticket manifest
Size of tent N/A Number of exits (attach separate sheet for additional tents)
Electric exit signs Emergency light
How is Electrical power being supplied? Generator

Documents required for all Assembly Uses* (attach copy)

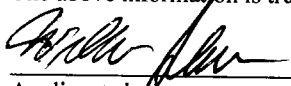
- Provide site plan (indicate lot lines, parking, tents, building, streets and vendors)
- Provide information on Emergency Evacuation plan and Fire Safety Plan**
- Seating Plan (Provide copy)
- Crowd control managers name (1 per 250 Occupants (attach list of names) and certificate
For class go to: <http://www.firemarshal.state.md.us/crowdmanager/>
- 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:

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.


Applicant signature

William Johnson
Print Name

12/16/16
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