

EIF

**City of Aurora, Illinois
Entertainment Information Form**



Applications must be submitted at least 60 days prior to the event.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Company Information

Company Name: Circo Hermanos Vazquez

Date(s) of Event: 9/1/17 to 9/11/17

Event Location: Fox Valley Mall, 195 Fox Valley Center, Aurora, IL 60504

Contact Person: Carlos de la Garza

Contact Telephone #: 956-466-6083

Email Address: carlos@circovazquez.com

Entertainment Information

Complete for each type of entertainment to be offered.

Description of entertainment: Big top circus with aerial acts, clowns, balance acts
a rescue dog act and an Equestrian act.

Name of operator: Carlos de la Garza

Legal relationship to operator to proprietor: Director of Business Circo Hermanos Vazquez

Number of this kind of entertainment: 1

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

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Number of this kind of entertainment: _____

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

Description of entertainment: _____

Name of operator: _____

Legal relationship to operator to proprietor: _____

Number of this kind of entertainment: _____

Complete for each game of skill to be offered. (If applicable)

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Specific description of game of skill: _____

Name of operator: _____

Number of this specific game of skill: _____

Owner Information

Complete for each independent ride or game owner that will be participating in the event (if applicable).

Ramon Vazquez 700 vazquez ln, Donna, TX 78537 956-461-2332

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Signature of Event Operator/Manager

Signed and sworn to before me this _____ day of _____.

(SEAL)

Notary Public

SRA

City of Aurora, Illinois Security Requirement Application



Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Type of Event (Select One)

Music Festival Carnival Circus

Applicant

Name: Carlos de la Garza
Address: 700 Vazquez Ln, Donna, TX 78537
Telephone #: 956-466-6083 Email Address: carlos@circovazquez.com

Event Information

Event Name: Circo Hermanos Vazquez
Event Location: Fox Valley Mall
Event Location Address: 195 Fox Valley Center, Aurora, IL 60504
Event Date(s): 8/1/17 to 8/11/17
Event Hours: From: _____ a.m. / p.m. To: _____ a.m. / p.m.
Estimated Attendance: 300 weekdays/ 600 weekends +/- M-th 7:30-9:30 sat/Sun 2-10 pm 3 shows

Carlos de la Garza

Digitally signed by Carlos de la Garza
DN: cn=Carlos de la Garza, o=Circo Hermanos Vazquez,
ou=HV, LLC, email=carlos@circovazquez.com, c=US
Date: 2017.07.20 09:55:48 -0400

Signature

7/6/16

Date

Applicant is required to hire a minimum of two (2) security employees for the event. The Aurora Police Department reserves the right to require additional security. If no Aurora Police Department officers are available, the applicant is responsible to seek either County Deputies or State Police officers for the entire duration of the event. No permit will be issued without proof of sufficient security coverage.

Official Use Only

Approved Denied Security Employees Required: _____

Signature

Date

CLA

City of Aurora, Illinois Carnival / Circus License Application



Applications must be submitted at least 60 days prior to the start of the event.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Official Use Only

- Application Fee \$100.00
- Certificate of Insurance
- Resolution No. _____
- Date Received _____
- Restoration Bond
- Control No. _____
- Date Approved _____
- Zoning Classification of Proposed Location _____

Required Information

- Completed Application
- Assembly Operational Permit
- Security Requirement Form
- Application Fee
- Food & Beverage Tax Registration
- Entertainment Information Form
- Letter of Permission from Property Owner
- USDA Licenses for Animals (if applicable)
- Amplifier Permit (if applicable)
- Tent Permit (if applicable)
- Letter from Sponsoring Organization Indicating Type and/or Amount of Contribution
- Illinois Department of Labor "Amusement Rides and Attractions Permit" and all Ride Inspection Certificates
- Certificate of Insurance (see pg. 4)
- Restoration/Performance Bond (see pg. 4)
- Health Department Certificate
- List of: All Carnival Workers Accidents within the past five (5) years
- Diagram showing:
 - Number & Location of Toilet Facilities
 - Entertainment
 - Available Off-Street Parking

Event Information

Event Name: Circo Hermanos Vazquez

Event Location: Fox Valley Mall Parking Lot

Event Location Address: 195 Fox Valley Center, Aurora, IL 60504

Event Date(s) (May not exceed five (5) days): 8/19 to 8/29/16 close on 8/24/16, m-fri: 7:30-9:30 PM Sat/Sun 2-10 PM

Event Hours: From: _____ a.m. / p.m. To: _____ a.m. / p.m.

Sponsoring Organization Information

Name of Sponsoring Organization: Aurora Hispanic Heritage Advisory Board
Address of Sponsoring Organization: 51 E. Galena, Aurora, IL 60506
Telephone #: _____
Contact Person: Adrienne Holloway
Contact Telephone #: _____
Email Address: aholloway@aurorahispanicheritage.com

Property Information

Name of the Property Owner/Lessee/Proprietor/Operator or Manager for proposed event location:
Fox Valley Mall
Address: 195 Fox Valley Center
Telephone #: 630-870-4621 Email: tesp@centennialrec.com

Carnival Operation Information

Carnival Company Name: Circo Hermanos Vazquez (Circus)
Business Address: 700 Vazquez Ln, Donna, TX 78537
Business Telephone #: 956-466-6083

Carnival Operator/Manager: Carlos de la Garza
Telephone #: 956-466-6083 Email: carlos@circovazquez.com

Site Supervisor (if different from operator/manager): Sandra Espana
Telephone #: 903-413-0583 Email: sandra@circovazquez.com

Names of owner(s), lessee(s) or proprietor(s) of carnival/circus:

<u>Ramon Vazquez</u>	<u>Victorino Vazquez</u>
<u>Jose Vazquez</u>	_____
<u>Aldo Vazquez</u>	_____
<u>Jesus Vazquez</u>	_____

Site Information

Number of off-street parking spaces (select one):

- 1-15
 15-30
 30-50
 50 or more

Number of toilet facilities for patrons: 12

Will liquor be sold at the carnival/circus? Y / N NO

If yes, please submit a Temporary Liquor Permit Application (available on the City of Aurora website).

Will you be conducting a raffle at the carnival/circus? Y / N NO

If yes, please submit a Raffle Application (available on the City of Aurora website).

Employee Information

Do you maintain an accurate and comprehensive list of your carnival workers? Y / N YES

Do you conduct criminal background checks on potential employees? Y / N Yes

Are any child sex offenders employed by the carnival/circus? Y / N NO

Pursuant to 720 ILCS 5/11-9.4(c) it is a Class 4 Felony for a child sex offender to knowingly operate, manage, or be employed by, volunteer at or knowingly be present at any facility providing programs or services conducted exclusively directed towards children.

Equipment Information

Do you maintain maintenance and repair records for the past eighteen (18) months? Y / N Yes

The City of Aurora reserves the right to inspect maintenance and repair records on site.

Does each ride have with it the appropriate technical manuals and user's guide? Y / N No Rides

Operator Information

Have you had any accidents in the past five (5) years? Y / N No

Are your procedures in compliance with Outdoor Amusement Business Organization Standards?

Y / N Yes

Are your procedures in compliance with U.S. Consumer Product Safety Commission Standards?

Y / N Yes

Are you in compliance with the Illinois Carnival & Amusement Rides Safety Act? Y / N N/A No rides

Insurance Requirements

Applicant must submit a "Certificate of Insurance" with owner(s), lessee(s), proprietor(s), operator or manager of the carnival/circus, as well as those persons acting in a similar capacity with respect to each entertainment, performance or exhibit which make up the carnival/circus, as named insureds, or such of them as required by the city council, naming the City of Aurora as additional insured.

Minimum limits of \$1,000,000 covering public liability and property damage and \$3,000,000 aggregate, such policy insuring liability that may arise from the operation or maintenance of the carnival/circus or any part thereof.

Restoration of Premises

Applicant shall restore the premises to the same condition as premises existed prior to the operation of the carnival/circus, including or any part thereof, trash, garbage and miscellaneous debris, and to insure the performance of this Article, the applicant shall submit, prior to approval of any application hereunder, a Performance Bond in the amount of not less than \$5,000 guaranteeing the restoration of the premises as provided herein with the City of Aurora as the obligee.

Hold Harmless Agreement

I, the owner(s), lessee(s), proprietor(s) or manager(s) do hereby hold the City of Aurora harmless from all liability resulting from the operation of said music festival, and further agree to indemnify said City of Aurora from liability resulting from any injury to patrons, bystanders, passersby or any individuals as a result of the operation or maintenance of the music festival as herein defined.

Affidavit

I, first being duly sworn, under oath, depose and say that I am an applicant for the license requested in the foregoing application; that I am of good repute, character, and standing and that answers to the questions asked in the foregoing application are true and correct in every detail. I further state that I have read and understand the Code provisions in the City of Aurora's Carnivals and Circuses Ordinance. I further agree to not violate any of the laws of the City of Aurora in the conduct of my place of business.

I also understand that an untrue, incorrect or misleading answer given in this application is sufficient cause for the refusal to grant or the revocation of any license pursuant to this application.

I further give my permission to the City of Aurora or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

Signature (owner/lessee/proprietor/manager)

Carlos de la Garza

Print/Type Name

Signature (owner/lessee/proprietor/manager)

Print/Type Name

Signed and sworn to before me this _____ day of _____.

(SEAL)

Notary Public