

**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 KERMES FESTIVAL Date of Event 8/16/2015  
Location of Event GROUNDS OF ST. RITA Hours: 10 AM TO 7 PM  
Applicant's Name FR. OSCAR CORTES Phone # 630-892-5918  
Contact email www.saintritaofcascia.org

Address 750 OLD INDIAN TRAIL

**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  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 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.

Applicant signature Fr. Oscar Cortes Print Name OSCAR CORTES Date 05-28-2015

**PERMIT MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT**

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