

MFP

City of Aurora, Illinois Music Festival Permit



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.

Official Use Only

- | | | |
|---|---|--|
| <input type="checkbox"/> Application Fee \$100.00 | <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Resolution No. |
| <input type="checkbox"/> Date Received _____ | <input type="checkbox"/> Restoration Bond | <input type="checkbox"/> Zoning Classification of Location |
| <input type="checkbox"/> Date Approved _____ | <input type="checkbox"/> Control No. _____ | |

Sponsoring Organization Information

Name of Sponsoring Organization: Batavia Container Inc.
Address of Sponsoring Organization: 1400 Paramount Pkwy, Batavia IL
Telephone #: (630) 879-2100
Contact Person: Coby Shew
Contact Telephone #: (630) 362-2581
Email Address: Coby@bcibox.com

Event Information

Event Name: Havnts for Hope
Event Location: Basement of the Dead
Event Location Address: 42 W. New York St.
Event Date(s): September 24th
Event Hours: From: 5:00 a.m. / p.m. To: 10:00 a.m. / p.m.
Music Played: From 5:00 a.m. / p.m. To: 10:00 a.m. p.m.
Number of Entertainment Groups: 1 D.J.
Name(s) and Type(s) of Entertainment: Basement of the Dead D.J.

Entertainment Contact Information

1. Name of the Proprietor/Operator/Promotor or Manager for Entertainer:

Basement of the Dead

Address: 42 W. New York St

Telephone #: (630) 896-2466 Email Address: BasementoftheDead@gmail.com

Legal Relationship to Entertainer: Employee.

2. Name of the Proprietor/Operator/Promotor or Manager for Entertainer:

Address: _____

Telephone #: _____ Email Address: _____

Legal Relationship to Entertainer: _____

3. Name of the Proprietor/Operator/Promotor or Manager for Entertainer:

Address: _____

Telephone #: _____ Email Address: _____

Legal Relationship to Entertainer: _____

4. Name of the Proprietor/Operator/Promotor or Manager for Entertainer:

Address: _____

Telephone #: _____ Email Address: _____

Legal Relationship to Entertainer: _____

Property Information

Name of the Property Owner/Lessee/Proprietor/Operator or Manager for proposed event location:

Jason Seneke

Address: (630) 896-2466

Telephone #: 42 W. New York St. Email: ~~Basement~~ BasementoftheDead@gmail.com