



# *Village of Bradley*

## Building Standards Department

Don Pallissard  
Building Director

111 N Michigan • Bradley, IL 60915 • 815-933-5008 • Fax 815-933-5068  
[www.bradleyil.org](http://www.bradleyil.org) • E-mail: [buildingstandards@bradleyil.org](mailto:buildingstandards@bradleyil.org)

### Procedure for Amusement License (Carnivals, Circuses, Special Events)

1. Complete License Application Form
2. Complete License Fee Order Form
3. Submit copy of State of Illinois Certificate of Registration
4. Submit Certificate of Insurance showing:
  - a. General Liability limits not less than \$1,000,000
  - b. Workers' Compensation coverage
  - c. Village of Bradley listed as Certificate Holder and Additional Insured
5. Submit letter of permission/rental agreement from landowner
6. Submit applicable fees payable to the Village of Bradley
7. Provide evidence of current inspections on mechanical devices
8. Provide evidence of current inspections for food service
9. A list of all licenses issued in Illinois in the 12 months preceding the application
10. Submit plan for emergency management (security, fire, site plan/floor plan, etc.)

#### **Two (2) weeks prior to opening date:**

Carnivals must submit documents received in response to Illinois State Police Bureau of Identification background investigations. List of employees shall include: last name, first name, middle name, race, gender, full date of birth and last known address . An official state or federal issued ID with photo identification should also be submitted for each employee. Examples of ID cards accepted: state ID or driver's license card or immigration cards. An example would be:

John Adam Doe, DOB: 01/01/1955, Male/White,  
Last Known Address: 123 Main St., Bradley, IL 60915

A certificate for an Amusement License will be issued after all applicable departments have approved the application and background reviews are completed by the Police Department. The certificate will be issued pending on-site inspections by Village Inspectors. Applicants should allow a minimum of fourteen (14) to twenty-one (21) days for the review process.

Please contact us if you have any questions:

Gail Schultz, License Coordinator  
111 N. Michigan Ave. ~ 815-936-5104  
[gaschultz@bradleyil.org](mailto:gaschultz@bradleyil.org)

# Bradley License Application

Business/Event Name		Business/Event Address	
Local Phone	Square Footage of Licensed Premises	State of Illinois Tax #	
Type of Business/Event	Event Dates	Days & Hours of Operation	
Business Owner Name		FEIN or SSN (last 4)	
Business Owner Address (include City/State/Zip)		Business Owner Telephone	
Onsite Manager Name	Home Address (include City/State/Zip)	Onsite Manager Telephone	
Property Owner Name	Property Owner Address (include City/State/Zip)	Property Owner Telephone	
Registered Agent Name		Registered Agent Phone	
Registered Agent Address (include City/State/Zip)			
Alarm/Security Provider (if applicable)		Telephone	
Address (include City/State/Zip)			
Emergency Contact 1	Emergency Contact 2	Emergency Contact 3	
Phone1	Phone2	Phone3	
Printed Name of Owner/Representative		Parcel Identification Number	
Signature of Owner/Representative		Date Rec'd	

Village of Bradley License Fees  
Special Events/Temporary Uses

Please indicate below the type and quantity of each license needed for your specified Special Event or Temporary Use. For your convenience, mail this completed form with your payment to:  
Bradley-License & Registration, 111 N. Michigan Av., Bradley, IL 60915

<u>TYPE</u>	<u>QUANTITY</u>	<u>AMOUNT PER</u>	<u>TOTAL COST</u>
<b>Amusement License</b> <small>(Includes Special Events such as Carnivals, Circuses, Sporting/Public Exhibitions, etc.)</small>	_____	200.00	_____
<b>Peddlers/Transient Vendor</b>	_____	100.00	_____
<b>Itinerant Merchant</b>	_____	100.00	_____
<b>Administrative Review</b>	_____	50.00	_____
<b>Other</b> _____	_____	_____	_____
<b>TOTALS</b>	<u>=====</u>		<u>\$</u> <u>=====</u>

**Applicant Contact Information:**

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (ext. \_\_\_\_\_)

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**On-site Contact Information:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Name \_\_\_\_\_ Phone \_\_\_\_\_