



**VILLAGE OF VILLA PARK**  
20 South Ardmore Ave.  
Villa Park, IL 60181  
Phone (630) 834-8500 \* Fax (630) 834-8967

**APPLICATION FOR A CARNIVAL PERMIT  
(A/C 10.41024)**

**LICENSE FEE: \$25.00 PER DAY**

\* APPLICATION MUST BE COMPLETED AND RETURNED WITH A CHECK FOR THE APPROPRIATE AMOUNT WITHIN SEVEN (7) WORKING DAYS BEFORE THE COMMENCEMENT OF THE EVENT.

**ORGANIZATION INFORMATION**

FULL NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS OF THE ORGANIZATION: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEDERAL TAX I.D. # OR SOCIAL SECURITY #: \_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR THE EVENT: \_\_\_\_\_

IF THE ORGANIZATION IS NOT-FOR-PROFIT, PLEASE PROVIDE THE FOLLOWING INFORMATION ALONG WITH A COPY OF THE ILLINOIS DEPARTMENT OF REVENUE TAX EXEMPTION IDENTIFICATION NUMBER OR INTERNAL REVENUE SERVICE LETTER OR STATE OF ILLINOIS ARTICLES OF INCORPORATION.

ORGANIZATION: \_\_\_\_\_ DATE OF ORIGIN: \_\_\_\_\_

TYPE: RELIGIOUS \_\_\_\_\_ CHARITABLE \_\_\_\_\_ LABOR \_\_\_\_\_ FRATERNAL \_\_\_\_\_ EDUCATIONAL \_\_\_\_\_ VETERANS \_\_\_\_\_

**\*IF THE ORGANIZATION DOES NOT QUALIFY AS NOT-FOR-PROFIT WITHIN THE ABOVE CRITERIA, A 5% AMUSEMENT TAX WILL BE APPLIED TO ANY ADMITTANCE FEE, IF APPLICABLE.**

**EVENT INFORMATION**

LOCATION OF EVENT: \_\_\_\_\_

DATES & TIMES OF EVENT: \_\_\_\_\_

WILL THERE BE ANY SALES AT THIS EVENT SUBJECT TO ILLINOIS STATE TAX? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THIS IS AN ODEUM EVENT, HAS THE ODEUM MADE ANY SPECIAL ARRANGEMENTS WITH THIS ORGANIZATION REGARDING THE PAYMENT OF AMUSEMENT TAX? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, PLEASE EXPLAIN: \_\_\_\_\_

