



147 South Michigan Avenue ♦ Bradley, Illinois 60915  
Phone: 815.936.5100 ♦ Fax: 815.933.9496 ♦ www.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. The 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:

Kim Baron, License Coordinator  
111 N. Michigan Ave. ~ 815-936-5124  
kabaron@bradleyil.org

Mayor  
Michael M. Watson

Clerk  
Julie Tambling

Board of Trustees  
Ryan LeBran      Brian Tieri  
Darren Westphal      Grant VandenHout  
Brian Billingsley      Gene Jordan

# Village of Bradley

Business Name

Business Address

Local Phone

Square Footage of Licensed Premises

State of Illinois Tax #

Type of Business

Start Date

Days & Hours of Operation

Business Owner Name

FEIN or SSN (last 4)

Home Office Address (include City/State/Zip)

Home Office Telephone

Manager Name

Home Address (include City/State/Zip)

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)

Fire  Burglar Other:

Sprinkler System:

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 Signed

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 Ave., 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>	=====		<b>\$</b> =====

**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 \_\_\_\_\_