



VILLAGE OF BEDFORD PARK

Accessory Use Permit Application

No. _____

6701 S Archer, Bedford Park, IL 60501 Phone: (708) 458-2067 Fax (708) 458-2079 www.villageofbedfordpark.com

Owner's Name: _____

Address: _____ Bedford Park, IL Zip _____

Nature of Use: _____

Will Food be Served: Yes (a copy of the Stickney Health Department Special Use Permit needs to be attached) No

Date of Event: _____

An Accessory Use Permit will be needed for each event. If food is being served, please contact the Stickney Health Department at 708-424-9200 for a special use permit. Please contact the Police Chief at 708-458-3388 AND the Fire Chief at 708-563-4510 to determine the necessary personnel required. \$150 Deposit is required if personnel are needed.

Signature: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

FOR OFFICE USE:

Police Approved: _____

Number of Police Personnel: _____ Total Hours: _____

Fire Approved: _____

Number of Fire Personnel: _____ Total Hours: _____

Trustee Approval Date Approved

Trustee Approval Date Approved

Deposit Amt \$	_____
Cash/Check #	_____
Date Paid	_____