



**TEMPORARY
BUSINESS LICENSE APPLICATION**

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. THIS APPLICATION MUST BE RECEIVED A MINIMUM OF 21 DAYS PRIOR TO THE EVENT.

| | | | |
|---|--|-----------------------------------|----------|
| Name of Business | | Phone Number | |
| Business Address | City | State | Zip Code |
| Business Fax Number | IL Dept. of Revenue Business Tax Number _____ - _____ | Type of Business/Items to be Sold | |
| Primary Business Contact – Name and Title | | Phone Number | |
| Business Contact Address | City | State | Zip Code |

Applying for a temporary business license to participate in the following special event(s):

- Chocolate Festival (Sponsor - Long Grove Business and Community Partners)
- Strawberry Festival (Sponsor - Long Grove Business and Community Partners)
- Apple Festival (Sponsor - Long Grove Business and Community Partners)
- Long Grove Art Fest (Sponsor - Kildeer Countryside School PTO)
- Other _____

Temporary Business License Application Fees:

participating in events totaling 6 days or less \$20
participating in events totaling 7 days or more \$50

| Does your business, occupation or activity: | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| Sell cigarettes, tobacco or tobacco products? | <input type="checkbox"/> | <input type="checkbox"/> |
| Sell alcoholic beverages? | <input type="checkbox"/> | <input type="checkbox"/> |
| Offer food services?* | <input type="checkbox"/> | <input type="checkbox"/> |
| Sell or offer prepared food for consumption on or off premises?* | <input type="checkbox"/> | <input type="checkbox"/> |
| Sell or offer food or food products intended for off premise preparation?* | <input type="checkbox"/> | <input type="checkbox"/> |
| Sell live animals or plants? | <input type="checkbox"/> | <input type="checkbox"/> |

*** Copy of your Lake County Health Dept. Food Service Permit required.**

The undersigned applicant does hereby state on oath that he or she knows the business to be in compliance with all of the ordinances of the Village of Long Grove and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of sanitary regulations, sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business. The applicant further understands that they are to make every effort to maintain their business and surrounding area in a clean and litter-free state.

The applicant further agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Village Licensing requirements. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicants' officers, principals, and agents understand and agree to all applicable provisions of the Village of Long Grove Licensing requirements, including the requirement that the applicant shall agree to permit authorized Village Officials to make any necessary inspections to determine whether the applicant-licensee has complied with all regulatory requirements. The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

I further agree to discharge, release, indemnify and hold harmless the Village of Long Grove, and their employees, agents, representatives, servants, officers, and all co-sponsors from any and all manner of action, suits, product liability, losses, damages or claims including reasonable attorney's fees, whatsoever arising now or in the future, from any loss or damages or claims, to the person or property of the undersigned.

Dated this _____ day of _____, 20_____.

Signature(s) of Applicant(s)

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Provide additional signature sheets if needed.

Before submitting your application, all questions must be answered and the application signed. Please submit your application along with a check made payable to "Village of Long Grove" and mail to:

**Village of Long Grove
3110 RFD
Long Grove, IL 60047**