

Visitors' Business:

Special Event & Temporary Signage Applications (2017)

Chocolate Fest: May 19–20.

Strawberry Fest: June 23–25

Vintage Days: Aug. 19-20.

Irish Days: Sept. 2 – 4.

Apple Fest - Sept. 22-24.

Craft Beer Days: Oct. 6 – 8.

LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
EVENT ORGANIZER SPECIAL EVENT APPLICATION

NOTE: LGBCP Members, Vendors, Merchants or Sponsors, participating Organized Events, must complete a separate **Vendor Application**.

LGBCP

OTHER _____

Applications should be sent to:

Long Grove Business and Community Partners (LGBCP)

308 Old McHenry Road

Long Grove, IL 60047

847-634-0888 Fax: 847-634-3673

info@visitlonggrove.com

OFFICE USE ONLY

- Event Application
- Site Plan
- Property Owner Permission
- COI & Waiver Certificates
- Roads & Barricades
- Security & Sheriff
- Signage
- Electrical
- Fire Inspection
- Vendors & Support Docs.
- Temp. Liquor License App.
- App. To Conduct Raffle
- Applicable Fees

FOR OFFICE USE ONLY

Received by LGBCP ____/____/____

Approved Rejected ____/____/____
by LGBCP Board of Directors

Submitted to Village Hall ____/____/____

Approved Rejected ____/____/____
by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than 1 year in advance and no less than 150 days prior to the event, with all required attachments. Applicant will be notified by the LGBCP of the Village and LGBCP's approval or rejection within 45 days of submission. Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Name: Chocolate Fest Location(s) in the B1 District: _____

Description/Type of Event: 3 Day Community Fest with live Entertainment, Food, Artisans, Vendors; Sponsors; Family Activities and Rides

Estimated Number of Attendees 35,000

Estimated Number of Vendors 75-80

Event Date / Dates & Time: **May 19, 20, 21 2017**

Day 1 - Date: FRIDAY Hours: 10am to 11pm

Day 2 - Date: SATURDAY Hours: 10am to 11pm

Day 3 - Date: SUNDAY Hours: 10am to 7pm

Set Up - Date May 18 Hours: 6am to 10pm **Dismantling** - Date MAY 21 Hours 6pm to 12am

EVENT ORGANIZER: Historic Downtown Long Grove Business Association

Street Address: 308 Old McHenry Road City: Long Grove State: IL Zip: 60047

Phone Number: 847-634-0888 Fax Number: _____

Contact Person: James Uszler Phone Number: 847-634-0888

E-mail Address: events@longgrove.org

1 Long Grove Business and Community Partners (LGBCP)
A 501c3 Not For Profit Organization

308 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
info@visitlonggrove.com

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable). Attached
2. **PROPERTY OWNER** N/A
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
 - Long Grove Business and Community Partners
 - Village of Long Grove
4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. **Fees may apply.** Attached
5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. **Cost for security: \$70/hour per deputy. Payment must be submitted with application.**
 - A. Security officers # 8 per day/ 1 overnight Hours 10am to 11pm
 - B. Traffic officers / Reserves # _____ Hours _____ to _____
 - C. Parking Assistance # NO Hours _____ to _____
6. **SIGNAGE** - Indicate whether there will be any of the following:
Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner. Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhogue@longgrove.net
 - A. Banners Yes No
 - B. Temporary Signs Yes No
 - C. Other Signage (specify) Yes No

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.
7. **PR & ADVERTISING** - check all that apply:

<input checked="" type="checkbox"/> Newspapers	<input type="checkbox"/> Cable T.V.	<input checked="" type="checkbox"/> Internet
<input checked="" type="checkbox"/> Newsletters / e-blasts	<input type="checkbox"/> Commercial T.V.	<input checked="" type="checkbox"/> Radio
<input checked="" type="checkbox"/> Direct Mailings	<input type="checkbox"/> Trade Magazines	<input checked="" type="checkbox"/> Other (specify) Fomecore Signs

Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee. Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, etc.. Attached
9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets		Duff Rice	Ravenswood Events Services	312.633.2600
Waste Disposal		Duff Rice	Ravenswood Events Services	312.633.2600
Trash Pickup, Walks, etc.				
Music / Staging		Nicholas Serino	American Mobile Staging	847.584.0352
White Tent, Rental, Labor		Duff Rice	AAA Event Rentals	312.633.2600
Other				

10. ALL VENDORS must

- Complete a "Vendor Application." *
- Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. **Sales Tax Rate is 8%.**
- Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval.
- **Food Vendors must** contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

11. CHARITY BENEFIT – If a charity is benefiting from this event, Proof of Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number. N/A

12. RAFFLES – Submit "Application for License to Conduct Raffle." Raffles must be pre-approved by the Village of Long Grove Board of Trustees.** N/A

13. LIQUOR – Submit "Temporary Liquor License" application with specific address. If liquor is being offered, on a site, other than that which is stated on **A State of Illinois Liquor License, then a Temporary Liquor License must be applied for and issued.** Applications may be downloaded at www.illinois.gov/license.cfm** Attached

.....
* Vendor Applications can be found on the LGBCP web-site @ visitlonggrove.com under "Applications."

**For a License to Conduct a Raffle Application or a Temporary Liquor License Application, please visit the Village of Long Grove web-site at longgrove.net, under "Forms."
.....

EVENT ORGANIZER FEES:

Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Application Processing Fee:	\$25
Village Usage Fee:	\$ _____
Fire Inspection Fee (if applicable)	\$ 25
Other: _____	\$ _____
TOTAL FEES	\$ _____

Please read this form carefully and be aware that in signing, you will be waiving and releasing all claims arising out of this event.

All businesses, sponsors, vendors and merchants, participating in B1 District outdoor events, are required to comply with, and receive approval from, both, the LGBCP Board and The Village Board of Trustees

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Long Grove Business and Community Partners (LGBCP) Board of Directors recommendation, to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above James Hysler 9.9.16
Signature of Applicant Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

Village Board of Trustees Approval _____ / /
Village Representative Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C, No, Ext): (847) 692-9200 E-MAIL ADDRESS: michellew@cookandkocher.com	FAX (A/C, No): (847) 692-9299
	INSURER(S) AFFORDING COVERAGE	
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047	INSURER A: Lloyds of London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> LIQUOR LIABILITY						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
Apple Festival - Event Dates: Sept. 23, 24, 25 (Set-Up Thurs. Sept. 22/Breakdown Sun. Sept. 25)
 The certificate holder is to be named as additional insured

CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 

**LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
EVENT ORGANIZER SPECIAL EVENT APPLICATION**

NOTE: LGBCP Members, Vendors, Merchants or Sponsors, participating Organized Events, must complete a separate **Vendor Application**.

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This form must be completed in its entirety, and submitted, no more than 1 year in advance and no less than 150 days prior to the event, with all required attachments. Applicant will be notified by the LGBCP of the Village and LGBCP's approval or rejection within 45 days of submission. Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Name: ____ Strawberry Fest _____ Location(s) in the B1 District: _____

Description/Type of Event: 3 Day Community Fest with live Entertainment, Food, Artisans, Vendors; Sponsors; Family Activities and Rides

Estimated Number of Attendees	20,000	Estimated Number of Vendors	75-80
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Event Date / Dates & Time: **June 23, 24, 25 2017**

Day 1 - Date: __FRIDAY____ Hours: __10am__ to __11pm__

Day 2 - Date: __SATURDAY____ Hours: __10am__ to __11pm__

Day 3 - Date: __SUNDAY____ Hours: __10am__ to __7pm__

Set Up - Date June 22 Hours: 6am to 10pm **Dismantling** - Date June 25 Hours 6pm to 12am

EVENT ORGANIZER: _____ Historic Downtown Long Grove Business Association _____

Street Address: 308 Old McHenry Road City: Long Grove State: IL Zip: 60047

Phone Number: 847-634-0888 Fax Number:

Contact Person: James Uszler Phone Number: 847-634-0888

E-mail Address: events@longgrove.org

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EVENT ORGANIZER FEES:

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Application Processing Fee:	\$25
Village Usage Fee:	\$ _____
Fire Inspection Fee (if applicable)	\$ 25
Other: _____	\$ _____
TOTAL FEES	\$ _____

Please read this form carefully and be aware that in signing, you will be waiving and releasing all claims arising out of this event.

All businesses, sponsors, vendors and merchants, participating in B1 District outdoor events, are required to comply with, and receive approval from, both, the LGBCP Board and The Village Board of Trustees

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I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

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All information submitted is part of the application process to obtain the Long Grove Business and Community Partners (LGBCP) Board of Directors recommendation, to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above James Hysler 9, 9, 16
Signature of Applicant Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

Village Board of Trustees Approval _____ / /
Village Representative Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

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PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C No, Ext): (847) 692-9200 E-MAIL ADDRESS: michellew@cookandkocher.com	FAX (A/C, No): (847) 692-9299
	INSURER(S) AFFORDING COVERAGE	
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047	INSURER A: Lloyds of London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIABILITY			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$				
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
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CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 

***2017 EVENT ORGANIZER APPLICATION**

**LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION**

Definition of an Event Organizer:

All entities (including: existing Long Grove Businesses; Non For Profit Organizations; non Long Grove businesses and other organizations), planning on conducting an outdoor event in the B1 District, **regardless** of where it will be held (be it private or public property).

Application Process:

~ Event Organizers must submit a fully detailed and completed application to the Long Grove Historic Downtown Business Association. If the event is to be held on private property, the private property owner must provide written authorization. The authorization must be submitted with the event application, to the LGHDBA.

~ Once approved by the LGHDBA, the application will be forwarded to the Village of Trustees for final approval. Existing businesses, and non for profits, must submit applications, **if their event differs in any way from what their normal, outdoor day to day, Village approved business license permits.** Non-compliance may result in the event being shut down by the Lake County Sheriff.

NOTE: All LGHDBA Members, Vendors, Merchants, Sponsors and not for profits, participating in LGHDBA organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a

***Vendor Application, NOT this "Event Organizer" Application.**

NOTE: Scheduled LGB organized events take priority over non LGBCP organization events.

*** 2017 Vendor Applications** can be found, beginning Jan. 1, 2017, on the HDLGBA web-site @ longgrove.org, under "**Applications.**" (See #10, page 3, on this form for addtl. details.)

CHECK ONE ORGANIZER CATEGORY:

HDLGBA - Do not check this box unless you are HDLGBA Events Coordinator or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove.

Applications should be sent to:

Historic Downtown Long Grove Business Association (HDLGBA)

308 Old McHenry Road Long Grove, IL 60047

847-634-0888

Events@longgrove.org

- OFFICE USE ONLY**
- Event Application
 - Site Plan
 - Property Owner Permission
 - COI & Waiver Certificates
 - Roads & Barricades
 - Security & Sheriff
 - Signage
 - Electrical
 - Fire Inspection
 - Vendors & Support Docs.
 - Temp. Liquor License App.
 - App. To Conduct Raffle
 - Applicable Fees

FOR OFFICE USE ONLY

Received by HDLGBA ___8 / ___30 / ___16__

Approved 9/20/16 Rejected
By HDLGBA Board of Directors

Submitted to Village Hall ___ / ___ / ___

Approved Rejected ___ / ___ / ___
by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than (1) year in advance, and no less than 150 days prior to the event, and include all required information and attachments. Applicants will be notified by the HDLGBA of the Village and HDLGBA's approval or rejection within 45 days of submission.

Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Title: Vintage Days 427 Robert Parker Coffin Rd. _____ Location(s) in the B1 District

CONTACT INFO: NAME: _____ E-MAIL: _____

CELL: _____ OTHER: _____

Description/Type of Event: Summer market place for all things vintage, antique, reclaimed repurposed, upcycled and handmade. A two day event with a special accent on classic cars on Saturday. Unique Street vendors. Long Grove Lions Club will sponsor Hayride between the Church and Downtown. See site plan for route.

Estimated Number of Attendees

Estimated Number of Vendors

Event Date / Dates & Time:

Day 1 - Date: __ August 19 _____ Hours: __ 10am-6:00pm _____

Day 2 - Date: ____ August 20 ____ Hours: ____ 10am-6:00pm _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: _____ Hours: _____ to _____

Dismantling - Date: _____ Hours: _____ to _____

EVENT ORGANIZER: Company or Organization _____

_____ HDLGBA _____

Street Address: 427 Robert Parker Coffin Rd. Long Grove _____ State IL Zip: 60047

Phone Number: _ Cell Number: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).
2. **PROPERTY OWNER** written permission.
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
 - Long Grove Business and Community Partners (LGBCP)
 - Village of Long Grove

4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. **Fees may apply.**
5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. **Cost for security: \$70 / hour per deputy.**
- A. Security officers # _____ Hours _____ to _____
- B. Traffic officers / Reserves # _____ Hours _____ to _____
- C. Parking Assistance # _____ Hours _____ to _____
6. **SIGNAGE** - Indicate whether there will be any of the following:
Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner. Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhoque@longgrove.net
- A. Banners X Yes No
- B. Temporary Signs X Yes No
- C. Other Signage (specify) X Yes No Foam Core

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.

7. **PR & ADVERTISING** – provided by you as the organizer. Check all that apply:
- X Newspapers Cable T.V. X Internet
- X Newsletters / e-blasts Commercial T.V. Radio
- Direct Mailings Trade Magazines Other (specify)
- Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee. Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com**
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, generators, etc..
9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets			Community Port-O-Lets	
Waste Disposal			Flood Bros.	
Trash Pickup, Walks, etc.			Volunteers	
Music / Staging				
White Tent, Rental, Labor			Jack's Tents	
Other				

10. ***ALL VENDORS participating in the event must**
- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
 - Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. **Sales Tax Rate is 8%**
 - Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval

• **Food Vendors** must contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

11. CHARITY BENEFIT – If a charity is benefiting from this event, proof of IL. Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number

12. *RAFFLES – Request an Application for License to Conduct Raffle by contacting the Village Hall at (847) 634.9440. **Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees**

13. LIQUOR –If liquor is to be offered on a site other than the specific address stated on your **State of Illinois Liquor License, a Temporary Liquor License, must be applied for. Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees. A copy of proof of DRAM INSURANCE in the amount of \$2,000,000 must name THE VILLAGE OF LONG GROVE as the certificate holder, with the LGBCP as ADDITIONAL INSURED.**
Applications can be found at: <http://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>

EVENT ORGANIZER FEES:

Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Village Application Processing Fee:	\$ 25
Historic Downtown Administration Fee:	\$
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 50
Other: _____	\$ _____
TOTAL FEES	\$ _____

Please read this form carefully and be aware that in signing,
you will be waiving and releasing all claims arising out of this event.

**All businesses, sponsors, vendors, merchants and non profits, hosting or participating in
B1 District outdoor events, are required to comply with, and receive approval from,
Both: The HDLGBA Board and The Village Board of Trustees**

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

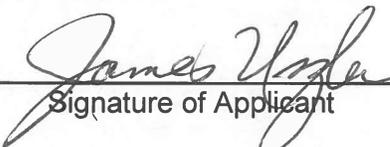
I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Historic Downtown Long Grove Business Association (HDLGBA) Board of Directors approval and recommendation to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above


Signature of Applicant

9, 9, 16
Date

HDLGBA Board Approval _____

Events Committee Chair Signature

Date

Village Board of Trustees Approval _____

Village Representative Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C, No, Ext): (847) 692-9200 E-MAIL ADDRESS: michellew@cookandkocher.com	FAX (A/C, No): (847) 692-9299
	INSURER(S) AFFORDING COVERAGE	
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047	INSURER A: Lloyds of London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> LIQUOR LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							MED EXP (Any one person) \$
	OTHER:							PERSONAL & ADV INJURY \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
Apple Festival - Event Dates: Sept. 23, 24, 25 (Set-Up Thurs. Sept. 22/Breakdown Sun. Sept. 25)
 The certificate holder is to be named as additional insured

CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 

***2017 EVENT ORGANIZER APPLICATION**

**LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION**

Definition of an Event Organizer:

All entities (including: existing Long Grove Businesses; Non For Profit Organizations; non Long Grove businesses and other organizations), planning on conducting an outdoor event in the B1 District, **regardless** of where it will be held (be it private or public property).

Application Process:

~ Event Organizers must submit a fully detailed and completed application to the Long Grove Historic Downtown Business Association. If the event is to be held on private property, the private property owner must provide written authorization. The authorization must be submitted with the event application, to the LGHDBA.

~ Once approved by the LGHDBA, the application will be forwarded to the Village of Trustees for final approval. Existing businesses, and non for profits, must submit applications, **if their event differs in any way from what their normal, outdoor day to day, Village approved business license permits.** Non-compliance may result in the event being shut down by the Lake County Sheriff.

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CHECK ONE ORGANIZER CATEGORY:

HDLGBA - Do not check this box unless you are HDLGBA Events Coordinator or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove.

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Events@longgrove.org

OFFICE USE ONLY

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- Site Plan
- Property Owner Permission
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- Roads & Barricades
- Security & Sheriff
- Signage
- Electrical
- Fire Inspection
- Vendors & Support Docs.
- Temp. Liquor License App.
- App. To Conduct Raffle
- Applicable Fees

FOR OFFICE USE ONLY

Received by HDLGBA ___8___/___30___/___16___

Approved 9/20/16 Rejected

By HDLGBA Board of Directors

Submitted to Village Hall ___/___/___

Approved Rejected ___/___/___

by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than (1) year in advance, and no less than 150 days prior to the event, and include all required information and attachments. Applicants will be notified by the HDLGBA of the Village and HDLGBA's approval or rejection within 45 days of submission.

Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Title: Irish Days Fountain Square. _____ Location(s) in the B1 District

CONTACT INFO: NAME: _John Barry_ E-MAIL: john@irishboutique.com

CELL: 847-708-3107 _____ OTHER: _____

Description/Type of Event: A Celebration of all things Irish: Food, Dance, Music, Culture.

Estimated Number of Attendees 10,000 Estimated Number of Vendors 3

Event Date / Dates & Time:

Day 1 - Date: __ Sept. 2 _____ Hours: __10am-6:00pm _____

Day 2 - Date: ____Sept. 3 ____ Hours: ____10am-6:00pm _____

Day 3 - Date: __Sept. 4 _____ Hours: __10am-6:00pm _____

Set Up - Date: __Sept 1____ Hours: _7am – 10:00am_____

Dismantling - Date: Sept. 5 Hours: __7am – 10:00am _____

EVENT ORGANIZER: Company or Organization _____

_____ HDLGBA _____

Street Address: 308 Old McHenry Road. Long Grove _____ State IL Zip: 60047

Phone Number: _847-634-0888 Cell Number: _____

Contact Person: __Jim Uszler Phone Number: _____

E-mail Address: _____events@longgrove.org_____

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).
2. **PROPERTY OWNER** written permission.
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
 - Long Grove Business and Community Partners (LGBCP)
 - Village of Long Grove

4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. **Fees may apply.**
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- A. Security officers # _____ Hours _____ to _____
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- C. Parking Assistance # _____ Hours _____ to _____
6. **SIGNAGE** - Indicate whether there will be any of the following:
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- A. Banners X Yes No
- B. Temporary Signs X Yes No
- C. Other Signage (specify) X Yes No Foam Core

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.

7. **PR & ADVERTISING** – provided by you as the organizer. Check all that apply:
- X Newspapers Cable T.V. X Internet
- X Newsletters / e-blasts Commercial T.V. Radio
- Direct Mailings Trade Magazines Other (specify)
- Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee. Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com**
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, generators, etc..
9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
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Waste Disposal			Flood Bros.	
Trash Pickup, Walks, etc.			Volunteers	
Music / Staging				
White Tent, Rental, Labor			Jack's Tents	
Other				

10. ***ALL VENDORS participating in the event must**
- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
 - Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. **Sales Tax Rate is 8%**
 - Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval
 - **Food Vendors must** contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

- 11. **CHARITY BENEFIT** – If a charity is benefiting from this event, proof of IL. Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number
- 12. ***RAFFLES** – Request an **Application for License to Conduct Raffle** by contacting the Village Hall at (847) 634.9440. **Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees**
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Applications can be found at: <http://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>

EVENT ORGANIZER FEES:

Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Village Application Processing Fee:	\$ 25
Historic Downtown Administration Fee:	\$
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 50
Other: _____	\$ _____
TOTAL FEES	\$ _____

Please read this form carefully and be aware that in signing,
you will be waiving and releasing all claims arising out of this event.

**All businesses, sponsors, vendors, merchants and non profits, hosting or participating in
B1 District outdoor events, are required to comply with, and receive approval from,
Both: The HDLGBA Board and The Village Board of Trustees**

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

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I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Historic Downtown Long Grove Business Association (HDLGBA) Board of Directors approval and recommendation to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above


Signature of Applicant

9.9.16
Date

HDLGBA Board Approval _____

Events Committee Chair Signature

 / /
Date

Village Board of Trustees Approval _____

Village Representative Signature

 / /
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C No. Ext): (847) 692-9200 E-MAIL ADDRESS: michellew@cookandkocher.com	FAX (A/C, No): (847) 692-9299
	INSURER(S) AFFORDING COVERAGE	
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047	INSURER A: Lloyds of London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> LIQUOR LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
Apple Festival - Event Dates: Sept. 23, 24, 25 (Set-Up Thurs. Sept. 22/Breakdown Sun. Sept. 25)
 The certificate holder is to be named as additional insured

CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 

**LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
EVENT ORGANIZER SPECIAL EVENT APPLICATION**

NOTE: LGBCP Members, Vendors, Merchants or Sponsors, participating Organized Events, must complete a separate **Vendor Application**.

LGBCP

OTHER _____

Applications should be sent to:

Long Grove Business and Community Partners (LGBCP)

308 Old McHenry Road

Long Grove, IL 60047

847-634-0888 Fax: 847-634-3673

info@visitlonggrove.com

OFFICE USE ONLY

- Event Application
- Site Plan
- Property Owner Permission
- COI & Waiver Certificates
- Roads & Barricades
- Security & Sheriff
- Signage
- Electrical
- Fire Inspection
- Vendors & Support Docs.
- Temp. Liquor License App.
- App. To Conduct Raffle
- Applicable Fees

FOR OFFICE USE ONLY

Received by LGBCP ____/____/____

Approved Rejected ____/____/____
by LGBCP Board of Directors

Submitted to Village Hall ____/____/____

Approved Rejected ____/____/____
by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than 1 year in advance and no less than 150 days prior to the event, with all required attachments. Applicant will be notified by the LGBCP of the Village and LGBCP's approval or rejection within 45 days of submission. Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Name: Apple Fest Location(s) in the B1 District: _____

Description/Type of Event: 3 Day Community Fest with live Entertainment, Food, Artisans, Vendors; Sponsors; Family Activities and Rides

Estimated Number of Attendees	<u>35,000</u>	Estimated Number of Vendors	<u>75-80</u>
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Event Date / Dates & Time: September 22,23,24 2017

Day 1 - Date: FRIDAY Hours: 10am to 11pm

Day 2 - Date: SATURDAY Hours: 10am to 11pm

Day 3 - Date: SUNDAY Hours: 10am to 7pm

Set Up - Date September 21 Hours: 6am to 10pm **Dismantling** - Date September 24 Hours 6pm to 12am

EVENT ORGANIZER: Historic Downtown Long Grove Business Association

Street Address: 308 Old McHenry Road City: Long Grove State: IL Zip: 60047

Phone Number: 847-634-0888 Fax Number: _____

Contact Person: James Uszler Phone Number: 847-634-0888

1 Long Grove Business and Community Partners (LGBCP)
A 501c3 Not For Profit Organization

308 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
info@visitlonggrove.com

E-mail Address: events@longgrove.org

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable). Attached
2. **PROPERTY OWNER** N/A
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
 - Long Grove Business and Community Partners
 - Village of Long Grove
4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. **Fees may apply.** Attached
5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. **Cost for security: \$70/hour per deputy. Payment must be submitted with application.**
 - A. Security officers # 8 per day/ 1 overnight Hours 10am to 11pm
 - B. Traffic officers / Reserves # _____ Hours _____ to _____
 - C. Parking Assistance # NO Hours _____ to _____
6. **SIGNAGE** - Indicate whether there will be any of the following:
Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner. Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhogue@longgrove.net
 - A. Banners Yes No
 - B. Temporary Signs Yes No
 - C. Other Signage (specify) Yes NoIf you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.
7. **PR & ADVERTISING** - check all that apply:
 Newspapers Cable T.V. Internet
 Newsletters / e-blasts Commercial T.V. Radio
 Direct Mailings Trade Magazines Other (specify) Fomecore Signs
Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee.
Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, etc.. Attached
9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets		Duff Rice	Ravenswood Events Services	312.633.2600
Waste Disposal		Duff Rice	Ravenswood Events Services	312.633.2600
Trash Pickup, Walks, etc.				
Music / Staging		Nicholas Serino	American Mobile Staging	847.584.0352
White Tent, Rental, Labor		Duff Rice	AAA Event Rentals	312.633.2600

2 Long Grove Business and Community Partners (LGBCP)
A 501c3 Not For Profit Organization

308 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
info@visitlonggrove.com

Other				
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10. ALL VENDORS must

- Complete a "Vendor Application." *
- Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. **Sales Tax Rate is 8%.**
- Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval.
- **Food Vendors must** contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

11. CHARITY BENEFIT – If a charity is benefiting from this event, Proof of Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number. N/A

12. RAFFLES – Submit "Application for License to Conduct Raffle." Raffles must be pre-approved by the Village of Long Grove Board of Trustees.** N/A

13. LIQUOR – Submit "Temporary Liquor License" application with specific address. If liquor is being offered, on a site, other than that which is stated on **A State of Illinois Liquor License, then a Temporary Liquor License must be applied for and issued.** Applications may be downloaded at www.illinois.gov/license.cfm.** Attached

.....
 * Vendor Applications can be found on the LGBCP web-site @ visitlonggrove.com under "Applications."

**For a License to Conduct a Raffle Application or a Temporary Liquor License Application, please visit the Village of Long Grove web-site at longgrove.net, under "Forms."

EVENT ORGANIZER FEES:

Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Application Processing Fee:	\$25
Village Usage Fee:	\$ _____
Fire Inspection Fee (if applicable)	\$ 25
Other: _____	\$ _____
TOTAL FEES	\$ _____

Please read this form carefully and be aware that in signing, you will be waiving and releasing all claims arising out of this event.

All businesses, sponsors, vendors and merchants, participating in B1 District outdoor events, are required to comply with, and receive approval from, both, the LGBCP Board and The Village Board of Trustees

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Long Grove Business and Community Partners (LGBCP) Board of Directors recommendation, to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above James Hryla 9/9/16
Signature of Applicant Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

Village Board of Trustees Approval _____ / /
Village Representative Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C, No, Ext): (847) 692-9200 E-MAIL ADDRESS: michellew@cookandkocher.com	FAX (A/C, No): (847) 692-9299
	INSURER(S) AFFORDING COVERAGE	
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047	INSURER A: Lloyds of London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> LIQUOR LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							MED EXP (Any one person) \$
	OTHER:							PERSONAL & ADV INJURY \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
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 The certificate holder is to be named as additional insured

CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 
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***2017 EVENT ORGANIZER APPLICATION**

**LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION**

Definition of an Event Organizer:

All entities (including: existing Long Grove Businesses; Non For Profit Organizations; non Long Grove businesses and other organizations), planning on conducting an outdoor event in the B1 District, **regardless** of where it will be held (be it private or public property).

Application Process:

~ Event Organizers must submit a fully detailed and completed application to the Long Grove Historic Downtown Business Association. If the event is to be held on private property, the private property owner must provide written authorization. The authorization must be submitted with the event application, to the LGHDBA.

~ Once approved by the LGHDBA, the application will be forwarded to the Village of Trustees for final approval. Existing businesses, and non for profits, must submit applications, **if their event differs in any way from what their normal, outdoor day to day, Village approved business license permits.** Non-compliance may result in the event being shut down by the Lake County Sheriff.

NOTE: All LGHDBA Members, Vendors, Merchants, Sponsors and not for profits, participating in LGHDBA organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a

***Vendor Application, NOT this "Event Organizer" Application.**

NOTE: Scheduled LGB organized events take priority over non LGBCP organization events.

*** 2017 Vendor Applications** can be found, beginning Jan. 1, 2017, on the HDLGBA web-site @ longgrove.org, under "Applications." (See #10, page 3, on this form for addtl. details.)

CHECK ONE ORGANIZER CATEGORY:

HDLGBA - Do not check this box unless you are HDLGBA Events Coordinator or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove.

Applications should be sent to:

Historic Downtown Long Grove Business Association (HDLGBA)

308 Old McHenry Road Long Grove, IL 60047

847-634-0888

Events@longgrove.org

OFFICE USE ONLY

- Event Application
- Site Plan
- Property Owner Permission
- COI & Waiver Certificates
- Roads & Barricades
- Security & Sheriff
- Signage
- Electrical
- Fire Inspection
- Vendors & Support Docs.
- Temp. Liquor License App.
- App. To Conduct Raffle
- Applicable Fees

FOR OFFICE USE ONLY

Received by HDLGBA ___ 8 / ___ 29 ___ / ___ 16 ___

Approved Rejected 9/20/16
By HDLGBA Board of Directors

Submitted to Village Hall ___ / ___ / ___

Approved Rejected ___ / ___ / ___
by Village Board of Trustees

This form must be completed in its entirety, and submitted, no more than (1) year in advance, and no less than 150 days prior to the event, and include all required information and attachments. Applicants will be notified by the HDLGBA of the Village and HDLGBA's approval or rejection within 45 days of submission.

Upon approval, applicant will be notified of fees and may accept or decline participation.

EVENT INFORMATION

Event Title: Craft Beer Days Location(s) in the B1 District

CONTACT INFO: NAME: Ryan Messner E-MAIL: rmessner@visitLongGrove.com

CELL: 847-331-7011 OTHER: 847-793-0041

Description/Type of Event:

Craft Beer enthusiasts here is two days of tastings and food pairings, meet the brewer and more. Live music, beer and cheer created by local brew masters, musicians, chefs and artisans. Enjoy the beer, visit our local shops and dine at local restaurants. Friday Night is Community Appreciation Day. Saturday you will meet the Brew Masters, Chefs and Musicians in a Special VIP Opening Event. Later enjoy the beer, music and cheer.

Estimated Number of Attendees 2500 Estimated Number of Vendors 15

Event Date / Dates & Time:

Day 1 - Date: October 6, 2017 Hours: 5:00pm -8:00pm

Day 2 - Date: October 7, 2017 Hours: 11am to 5:00pm

Day 3 - Date: Hours: to

Set Up - Date: Hours: to

Dismantling - Date: Hours: to

EVENT ORGANIZER: Company or Organization

 HDLGBA

Street Address: 308 Old McHenry City Long Grove State: IL Zip: 60047

Phone Number: 847-634-0888 Cell Number:

Contact Person: Jim Uszler Phone Number:

E-mail Address: info@visitlonggrove.com

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).
2. **PROPERTY OWNER** written permission.
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming **both** of the following as "additionally insured":
 - Long Grove Business and Community Partners (LGBCP)

2

- Village of Long Grove

4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. **Fees may apply.**
5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. **Cost for security: \$70 / hour per deputy.**

- A. Security officers # _____ Hours _____ to _____
- B. Traffic officers / Reserves # _____ Hours _____ to _____
- C. Parking Assistance # _____ Hours _____ to _____

6. **SIGNAGE** - Indicate whether there will be any of the following:
Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner. Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhogue@longgrove.net

- A. Banners Yes No
- B. Temporary Signs Yes No
- C. Other Signage (specify) Yes No

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.

7. **PR & ADVERTISING** – provided by you as the organizer. Check all that apply:

- Newspapers Cable T.V. Internet
- Newsletters / e-blasts Commercial T.V. Radio
- Direct Mailings Trade Magazines Other (specify) Fomecore Signs

Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee.

Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com

8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, generators, etc..

9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets			Community Port-o-Potties	
Waste Disposal			Flood Brothers	
Trash Pickup, Walks, etc.			Volunteers	
Music / Staging				
White Tent, Rental, Labor			Jack's Tents	
Other				

10. *ALL VENDORS participating in the event must

- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
- Provide their Illinois Sales Tax ID number as required and submit a form indicating filing of all sales occurring in the Village of Long Grove. **Sales Tax Rate is 8%**
- Conform to LGBCP appearance guidelines and are subject to Health Dept., Village Fire Marshall and Sheriff inspection / approval

- **Food Vendors** must contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.
- 11. CHARITY BENEFIT** – If a charity is benefiting from this event, proof of IL. Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number
 - 12. *RAFFLES** – Request an **Application for License to Conduct Raffle** by contacting the Village Hall at (847) 634.9440. **Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees**
 - 13. LIQUOR** –If liquor is to be offered on a site other than the specific address stated on your **State of Illinois Liquor License, a Temporary Liquor License, must be applied for. Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees. A copy of proof of DRAM INSURANCE in the amount of \$2,000,000 must name THE VILLAGE OF LONG GROVE as the certificate holder, with the LGBCP as ADDITIONAL INSURED.**
Applications can be found at: <http://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>

EVENT ORGANIZER FEES:

Fees are determined by The Village of Long Grove and / or The LGBCP Board of Directors.

Village Application Processing Fee:	\$ 25
Historic Downtown Administration Fee:	\$
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 50
Other: _____	\$ _____
TOTAL FEES	\$ _____

*Please read this form carefully and be aware that in signing,
you will be waiving and releasing all claims arising out of this event.*

**All businesses, sponsors, vendors, merchants and non profits, hosting or participating in
B1 District outdoor events, are required to comply with, and receive approval from,
Both: The HDLGBA Board and The Village Board of Trustees**

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I am fully aware of the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that this may include risks of bodily injury and / or death. I agree to and assume full risk of injuries, including death, and of all costs, damages, and losses that may be sustained as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

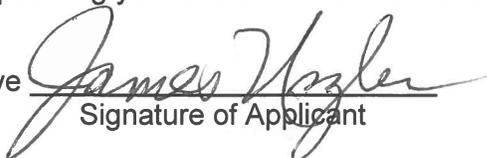
I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

All information submitted is part of the application process to obtain the Historic Downtown Long Grove Business Association (HDLGBA) Board of Directors approval and recommendation to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge

I have read and understand the above


Signature of Applicant

9.9.16
Date

HDLGBA Board Approval _____
Events Committee Chair Signature

 / /
Date

Village Board of Trustees Approval _____
Village Representative Signature

 / /
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: Michelle Wolff PHONE (A/C, No, Ext): (847) 692-9200 FAX (A/C, No): (847) 692-9299 E-MAIL ADDRESS: michellew@cookandkocher.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lloyds of London		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
INSURED Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047														

COVERAGES **CERTIFICATE NUMBER:** CL1641303001 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIABILITY			LIQ101504.06	4/30/2016	4/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Chocolate Festival - Event Dates: May, 20, 21, 22 (Set-Up Thurs. May 19/Breakdown Sun. May 22);
Summer Festival - Event Dates: June 24, 25, 26 (Set-Up Thurs. June 23/Breakdown Sun. June 26);
Apple Festival - Event Dates: Sept. 23, 24, 25 (Set-Up Thurs. Sept. 22/Breakdown Sun. Sept. 25)
 The certificate holder is to be named as additional insured

CERTIFICATE HOLDER Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Michelle Wolff/MLW 
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