

**Visitors Business:**

**Special Events & Signage: Downtown LGBCP Events:**

Chocolate Fest, Strawberry Fest & Apple Fest

**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](mailto: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 **1/19/15**  Approved  Rejected 1/20/15  
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: Long Grove Festival of Seasons** Location(s) in the B1 District: **B1 Downtown District**  
Description/Type of Event: Three Weekends of Seasonal Festivities, with live music, food, entertainment, artisans, sponsors, family activities and rides.

Estimated Number of Attendees **18K – 23K**

Estimated Number of Vendors: **60-75**

**Event Date / Dates & Time:**

**Weekend 1** - May 15, 16 Hours: 10am to 10pm May 17 Hours: 10am to 7pm  
Set Up May 14 Hours: 6am to 10pm Dismantle May 17 Hours 7pm to 12am  
**Weekend 2** - June 26, 27 Hours: 10am to 10pm June 28 Hours: 10am to 7pm  
Set Up June 25 Hours: 6am to 10pm Dismantle June 28 Hours 7pm to 12am  
**Weekend 3** - Sept. 25, 26 Hours: 10am to 10pm Sept. 27 Hours: 10am to 7pm  
Set Up Sept. 24 Hours: 6am to 10pm Dismantle Sept. 27 Hours 7pm to 12am

**EVENT ORGANIZER: Long Grove Business and Community Partners**

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

Phone Number: 847.634.0888 Fax Number: 847.634.3673

Contact Person: Sharon Fine Phone Number: 847.609.0407

E-mail Address: [sfine@visitlonggrove.com](mailto:sfine@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** written permission. **N/A**  
(subject to submission, if priv. property will be used)
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 9:30 am to 11pm / 11pm – 9:30am
  - B. Traffic officers / Reserves # Dennis Delia            Hours 10am to 11pm
  - C. Parking Assistance        No
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](mailto:info@visitlonggrove.com) / Village Planner – [jhogue@longgrove.net](mailto: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](mailto: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 Event Services (RES)	312.633.2600
Waste Disposal		Duff Rice	Ravenswood Event Services (RES)	312.633.2600
Trash Pickup, Walks, etc.				
Music / Staging	1	Nicholas Serino	American Mobile Staging, Inc.	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.

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

**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](http://www.illinois.gov/license.cfm).\*\*

.....  
\* Vendor Applications can be found on the LGBCP web-site @ [visitlonggrove.com](http://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](http://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:	\$ _____
Tent Fire Inspection Fee)	\$ 25
Other: _____	\$ _____
<b>TOTAL FEES</b>	<b>\$ _____</b>

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.

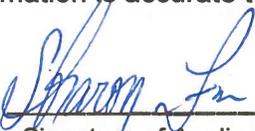
### WAIVER AND RELEASE OF CLAIMS FOR INJURY

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.

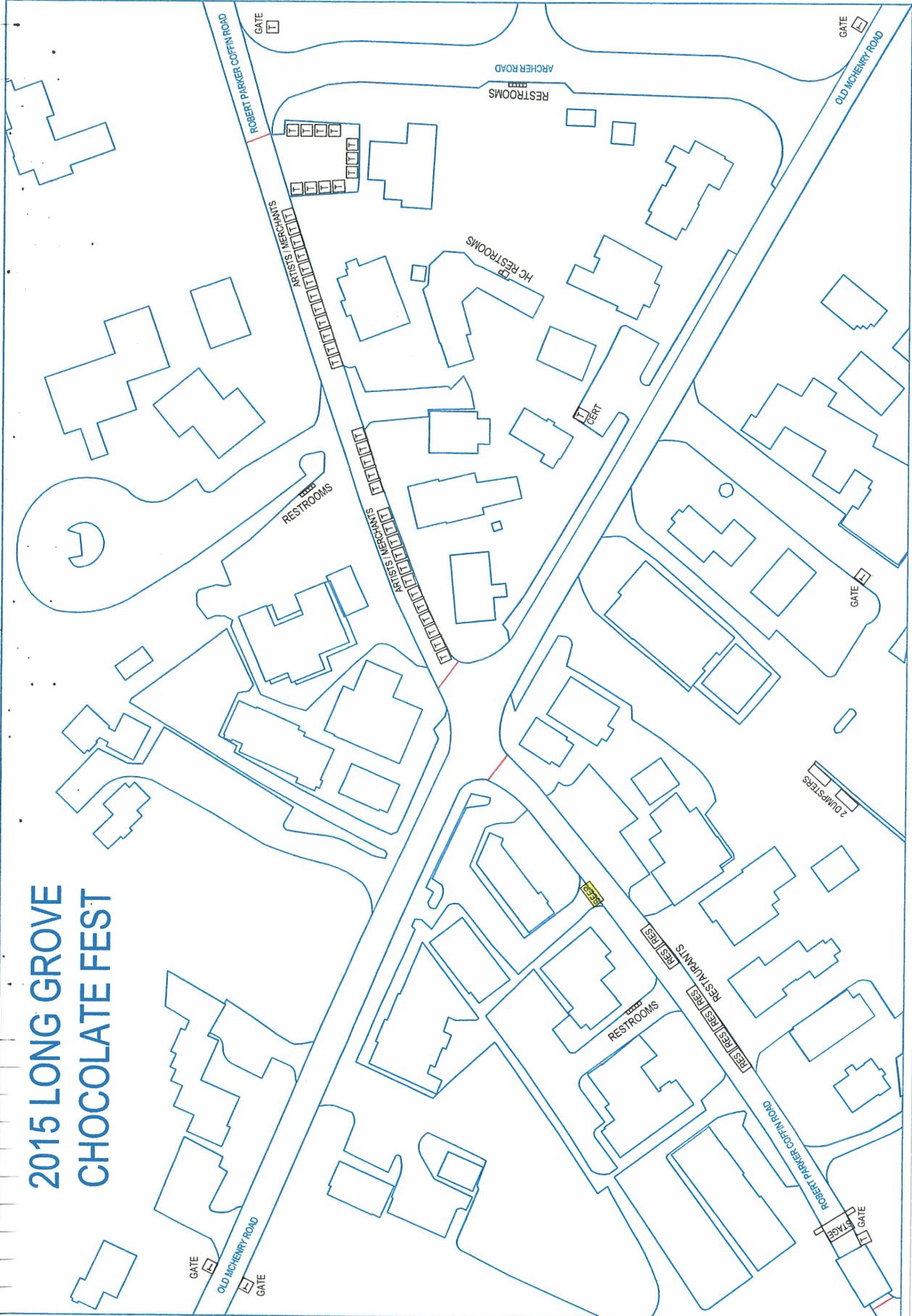
All information submitted is part of the application process to obtain the Long Grove Business and Community Partners (LGBCP) Board of Directors recommendation, to the Village Board of Trustees, to participate in or hold a specific event in the B-1 Historic Business District. The event date is for the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

I have read and understand the above  11/19/15  
Signature of Applicant Date

LGBCP Board Approval  11/21/15  
Events Committee Chair Signature Date

Village Board of Trustees Approval \_\_\_\_\_  / /  
Village Representative Signature Date

# 2015 LONG GROVE CHOCOLATE FEST



• # of participants  
• Ticket booths ?

CHOCOLATE FEST 2015  
SOUND PLANS

We will do a planned sound level of 96 decibels and we will have a decibel meter on hand during the festival.

Amplified sound locations include:

Main Stage located east of covered Bridge on Robert Parker Coffin Rd. (Shut down 10pm Friday & Saturday, 7pm Sunday)

Small "wagon" Stage in front of Long Grove Cafe (shut down at 7pm)

Small PA at Towner Green for family entertainment (shut down approximately 7pm)

Small PA at Fountain (shut down approximately 7pm)

We will have direct communication with sound engineers at each location.

We will have authority to turn down volume if needed.

We can address any sound complaints that come to the LGBCP headquarters.

## **VLG Traffic Control Devices Setup Sheet**

VLG of Long Grove hosts several downtown fests each year. The events are put on by Village of Long Grove business and Community Partners, Ravenswood Events, and others. Ravenswood events is responsible for the set up of the tents and installs most of the traffic control devices. The CERT team also setups up traffic control devices. Ela Township drops off the following traffic control devices prior to the event. Then Ela will pick up the dropped off traffic control devices after the event and put them away at the water treatment plant.

---

### **Setup Prior to Event-Day Before**

Road Closed Thur-Sun and Bridge Closed signs set up at RT 53 and Robert Parker Coffin Rd

Road Closed Thur-Sun and Bridge Closed signs set up at RT 83 and Robert Parker Coffin Rd

### **Setup 1<sup>st</sup> Thing Thursday Morning Each Fest**

5 Large Type 3 Barricades are dropped off at Old Mchenry Rd and Robert Parker Coffin Rd on the bridge side. Near Long Grove Visitor Center.

3 Large Type 3 barricades are dropped off on Robert Parker Coffin Rd at the historic Covered Bridge.

1 Handicap Parking Horse is dropped off at 217 Robert Parker Coffin Rd to establish a Handicap drop off/ turn around area. (Next to Mill Pond Shops)

5 Handicap Parking Horses are dropped off in Archer Parking Lot to establish a Handicap Parking Area- Make sure these horses have bolts and handicap signs stored in water treatment plant

25 Pylons and bases, 1 seasonal crosswalk sign are dropped of in front of the Long Grove Popcorn Shoppe 318 Old Mchenry Rd for CERT to use along side Old Mchenry Rd and to establish pedestrian crosswalk.

1 seasonal crosswalk sign removed from its fixed location on 420 Robert Parker Coffin Rd to in front of the village tavern on Old Mchenry Rd for Lake County Sherriffs to put up for a pedestrian crosswalk

6 cones dropped off at the former Seasons driveway 314 Old Mchenry Rd to block it off from traffic. 3 cones by the street and 3 cones in the back of the building to keep traffic from the parking lot from Entering.

3 Cones dropped off by the 308 Old Mchenry Rd (Within Reach Store Parking Lot)

20 Cones Dropped off at Archer Parking Lot for CERT to use near entrance Gate.

5 horse style barricades dropped off near pedestrian gate alongside Old Mchenry Rd at Archer Parking lot to create funnel entrance from P lot to fest grounds. One placed on opposite side of Old Mchenry road from Archer parking lot to prevent foot traffic.

**In addition to the barricades sand bags are left for the barricades that require them and picked up following the event.**

# Long Grove Chocolate Festival: Special Event Application Materials

## Security:

Location	Friday 5/15	Saturday 5/16	Sunday 5/17
Gate 1	10am-10pm	10am-10pm	10am-7pm
Gate 2	10am-10pm	10am-10pm	10am-7pm
Gate 3	10am-10pm	10am-10pm	10am-7pm
Gate 4	10am-10pm	10am-10pm	10am-7pm
2 Roaming	3pm-10pm	3pm-10pm	3pm-7pm
Beer tent	3pm-10pm	3pm-10pm	3pm-7pm
Supervisor	10am-3pm Gate then roaming at 3pm – 10pm	10am – 3pm Gate then roaming at 3pm – 10pm	10am-3pm Gate then roaming at 3pm – 10pm
1 Overnight Security (also Thursday night)	10pm- 10am	10pm – 10am	

In addition to this we will have one ID Checker at the ticket tent and one at the beer tent.

## Electrical Needs:

We currently have reserved:

2- 60kW generators

2- 40kW generators

4- 4 head diesel light towers

This is subject to change.

## Alcohol:

We will have 2 beer tents (one waymatic near the stage and the other will be a small (cold plates set up) and 1 sangria tent attached on Robert Parker Collin Road between Old McHenry Road and the bridge. To regulate consumption there will be a 2 drinks per customer per purchase rule. We will also have ID Checkers at the ticket booth line and at the beer tent wrist banding patrons. No one will be able to purchase alcohol without a wristband.

## Outside Services:

RES- Provide overall Event consultation including concept, budget development, site planning, marketing strategies, public relations and operations planning.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/30/2015

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).

<b>PRODUCER</b> <b>Cook and Kocher Insurance Group</b> 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	<b>CONTACT NAME:</b> Michelle Wolff	
	<b>PHONE (A/C, No. Ext):</b> (847) 692-9200	<b>FAX (A/C, No):</b> (847) 692-9299
<b>E-MAIL ADDRESS:</b> michellew@cookandkocher.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Hartford Casualty Insurance Co.		29424
<b>INSURER B:</b> Twin City Fire Insurance Co.		29459
<b>INSURER C:</b> Lloyd's of London		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
**LONG GROVE BUSINESS AND COMMUNITY PARTNERS,**  
 308 OLD MCHENRY RD  
 LONG GROVE IL 60047

**COVERAGES**      **CERTIFICATE NUMBER:** CL1513002512      **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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
						MED EXP (Any one person) \$ 10,000	
		PERSONAL & ADV INJURY \$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$	
A	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO		83SBAIJ5801	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$	
						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 4,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 4,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$	83SBAIJ5801	1/1/2015	1/1/2016	\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	83WECBO9102	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000	
C	<b>Liquor Liability</b>		LIQ101504.02	4/30/2014	4/30/2015	\$1,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
**RE: Chocolate Festival - Event Dates: May, 15, 16, 17 (Set-Up Thurs. May 14/Breakdown Sun. May 17);**  
**Strawberry Festival - Event Dates: June 26, 27, 28 (Set-Up Thurs. June 25/Breakdown Sun. June 28);**  
**Apple Festival - Event Dates: Sept. 25, 26, 27 (Set-Up Thurs. Sept. 24/Breakdown Sun. Sept. 27)**  
 The certificate holder is to be named as additional insured

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

**NOTE:**

The Liquor Liability Policy (LIQ101504.02) will be renewed 30-60 days before the policy expiration date, 4/30/2015.

DM spoke with Michelle Wolff from Cook and Kocker on 2/23. She said that because the policy is an annual policy, we cannot renew it more than 30-60 days before the policy's expiration date. She said the state will still accept the current policy. Once we renew the policy we must submit a new application to the state.

**Illinois Liquor Control  
Commission**



**Bruce Rauner  
Governor**

100 W. RANDOLPH ST.  
SUITE 7-801  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312-814-2206  
FAX: 312-814-2241  
TDD: 312-814-1844

101 W. JEFFERSON ST.  
SUITE 3-525  
SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217-782-2136  
FAX: 217-524-1911  
WEB SITE: [www.state.il.us/LCC](http://www.state.il.us/LCC)

**APPLICATION FOR STATE OF ILLINOIS SPECIAL EVENT  
RETAILER'S LIQUOR LICENSE (NOT-FOR-PROFIT)**

**DEFINITION:** A Special Event Retailer's License (Not-for-Profit) shall permit the licensee to purchase alcoholic liquors from an Illinois licensed distributor (unless the licensee purchases less than \$500 of alcoholic liquors for the special event, in which case the licensee may purchase the alcoholic liquors from a licensed retailer), and shall allow the licensee to sell and offer for sale, at retail, alcoholic liquors for use or consumption, but not for resale in any form, and only at the location and on the specific date(s) designated for the special event on the license. An "event" can be defined as a single theme. **A Special Event Retailer's License must be obtained for each single theme per location with a maximum duration of 15 days.** All not-for-profit corporations are required to secure a license for each 15-day increment and each special "event".

**ELIGIBILITY:** The Special Event Retailer's License (Not-for-Profit) application form is to be used only for events conducted by an educational, fraternal, political, civic, religious or not-for-profit organization. **DO NOT use this form if you have a current Illinois Retailer's liquor license** (see Special Use Permit license instructions).

**Local liquor licensing authority approval is required for this license.**

**Dram shop insurance to the maximum limit is required for this license.**

**FEE: \$25.00 PER APPLICATION, IF THE EVENT IS: 1) A SINGLE THEME; 2) AT THE SAME LOCATION FOR NOT MORE THAN 15 DAYS FROM START TO FINISH; AND 3) APPLICATION IS RECEIVED AT LEAST 14 DAYS IN ADVANCE. ADD AN ADDITIONAL \$25.00 TO EACH APPLICATION FEE IF YOU EXPECT THAT THE APPLICATION WILL NOT BE RECEIVED AT COMMISSION OFFICES AT LEAST 14 DAYS PRIOR TO THE SCHEDULED EVENT (LEADTIME REQUIRED IN ORDER TO SCHEDULE SITE INSPECTIONS).**

**NOTE:** "FOR-PROFIT" ORGANIZATIONS WHICH CURRENTLY DO NOT HOLD A STATE LIQUOR LICENSE and wish to hold a special event will be required to obtain a standard Retailer's Liquor License for \$500.00 that covers the date(s) of the special event. This is the only way you will be able to purchase alcoholic beverages from a distributor. You will need to fill out the standard Retailer's Liquor License application form (IL 567-0015).

**PRIVATE PARTY** is an event where attendance is by invitation only, the host controls access to the premises, and alcoholic beverages are provided to invited guests at no charge. A Special Event Liquor License is not required for a private party.

**ON THE FOLLOWING PAGES, PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. THE FORM MUST BEAR AN ORIGINAL SIGNATURE, THEREFORE NO FAXED SIGNATURES OR FORMS WITH PHOTOCOPIED/RUBBER STAMPED SIGNATURES WILL BE ACCEPTED.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

FOR OFFICE  
USE ONLY

FOR OFFICIAL USE ONLY

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

COUNTER

## Application for State of Illinois Special Event Retailer's Liquor License

### 1. APPLICANT INFORMATION

Provide the corporate/organization name; provide the corporate/organization Federal Employer Identification Number (FEIN); provide your corporate/organization mailing address; county; and telephone number.

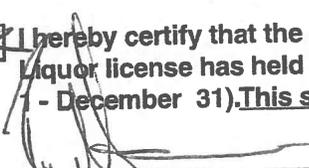
NAME				FEDERAL EMPLOYER ID NO.	
Long Grove Business & Community Partners				20-3818886	
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	
308 Old McHnery Road	Long Grove	IL	60047	Lake	
AREA CODE/TELEPHONE NO.					
(847) 634-0888					

### 2. CERTIFICATION

Public Act 90-596 was enacted to ensure that special event holders pay all required sales taxes if they hold more than two special events during a calendar year or if they are not a valid "not-for-profit" organization. Applicants for Special Event Retailer Not-for-profit Liquor licenses must now certify that both of the following conditions apply to this particular special event. Please check the boxes that apply. If either box is left unchecked, the Commission will issue this license as "NON-CERTIFIED" which may require the organization to pay sales taxes on the gross receipts from all sales of food and beverages at the event. The certifying officer must be listed under Section 5 of the application, having provided all required identifying information. Should you have any questions regarding sales tax liability or sales tax registration information, please call the Department of Revenue Toll Free Hotline at 800-732-8866.

I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license is a valid "not-for-profit" entity which holds either a resale number [a resale sales tax number] issued under Section 2(c) of the Retailers' Occupation Tax Act; a sales tax registration [a sales tax number] under Section 2(a) of the Retailers' Occupation Tax Act; or a current, valid exemption identification number [a tax-exempt "E" number] issued under Section 1(g) of the Retailers' Occupation Tax Act.

I hereby certify that the organization which is applying for this Special Event Retailer Not-for-profit Liquor license has held no more than two such special events during the current calendar year (January 1 - December 31). This special event must be included in your calculation.

 \_\_\_\_\_      Chair \_\_\_\_\_      3-3-15 \_\_\_\_\_  
 Signature of Applicant                                      Title of Applicant                                      Date

### 3. STATUS OF ORGANIZATION

Check appropriate box and provide sales tax exemption details.

- A. EDUCATIONAL
- B. FRATERNAL
- C. POLITICAL
- D. CIVIC
- E. RELIGIOUS
- F. OTHER NOT-FOR-PROFIT

DATE OF INCORPORATION: 11/04/2005

OR ATTACH AN ILLINOIS DEPARTMENT OF REVENUE  
SALES TAX EXEMPTION LETTER

\_\_\_\_\_  
(SPECIFY)

#### 4. SPECIAL EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time; i.e. "0200" = 2AM, "1200" = noon; "2400" = midnight; etc.
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event. **Please note: Only one location is allowed per application.**
- Provide the name/type of the event; i.e. neighborhood festival, Octoberfest, fish fry, spaghetti dinner, etc.
- Determine the total number of event themes/event types for which approval is requested. Use a separate application for each event theme/event type.
- Determine the total number of days covered by the event. If your neighborhood festival runs for 16 days, you will be required to fill out two applications and pay two fees. For example, if you are holding a fish fry on three successive Fridays (15 days) at the same location, you are only required to fill out a single application and pay a single application fee since the theme is identical, the total duration is 15 days or less, and the location is the same.

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM ( AM/PM )	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)	EVENT TIME: TIME TO ( AM/PM )	LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP	EVENT THEME: TYPE OF EVENT
May 15 2015	10AM	May 17 2015	7pm.	308 Old McHenry Road Long Grove IL 60047 Village of Long Grove	Long Grove Festival of Seasons
June 26 2015	10AM	JUNE 28 2015	7pm.	308 Old McHenry Road Long Grove IL 60047	Long Grove Festival of Seasons
Sept 25, 2015	10AM	Sept 27 2015	7pm.	308 Old McHenry Road Long Grove IL 60047	Long Grove Festival of Seasons

#### 5. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of page 4 **MUST** be listed in this section.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Messner, RYAN			27652 W. CUBA ROAD		Barrington IL		60010
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED
[REDACTED]	05-27-1977	M	Chair		847-391-7011		0

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/TELEPHONE NO.		% OWNED

**6. PRIOR LIQUOR LICENSE INFORMATION**

- A. Is this your first state liquor license application? Yes  No
- B. If this is not your first state liquor license application, provide the date of your first filing: \_\_\_\_\_
- C. Has the organization ever applied for and been denied a liquor license? Yes  No  If so, provide a complete written explanation of the circumstances on a separate sheet of paper.
- D. Has the organization had any previous Special Event Retailer's Liquor License suspended or re voked? Yes  No  If yes, provide a complete written explanation of the circumstances on a separate sheet of paper.

**7. LOCAL AUTHORITY APPROVAL**

You **MUST** submit proof of local authority approval for your special event. Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the County will need to provide the approval. If the event is taking place on State or Federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission; if not applicable, ATTACH a photocopy of the approval letter or certificate.

**ATTACH:**  
**LOCAL AUTHORITY APPROVAL**  
 (IF MISSING, APPLICATION WILL BE REJECTED)

**OR**

Local Liquor  
 Commissioner's  
 Event Approval  
 Stamp Here  
 ( if applicable )

**8. DRAM SHOP INSURANCE**

You **MUST** submit proof that Dram Shop insurance to the maximum limit has been secured for this event. ATTACH a photocopy of the insurance rider to this application. Remember, it must cover the LOCATION where the special event is being held and the coverage must COINCIDE WITH THE DATES OF THE EVENT.

**ATTACH:**  
**DRAM SHOP INSURANCE RIDER**  
 (IF MISSING, APPLICATION WILL BE REJECTED)

**9. PAYMENT**

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. Make your check or money order payable to the **Illinois Liquor Control Commission**.

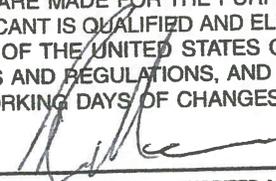
**10. LATE FILING FEE**

If you expect that your application(s) will not arrive at Commission premises within the required 14-day advance notice period, submit an additional **\$25.00** late fee for EACH application. **If late fee is missing, application(s) will be rejected.**

**11. SIGNATURE/DATE/TITLE**

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. The signature must be an original (do not send in a copied or faxed form).

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF. FURTHER I AGREE TO NOTIFY THE COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

  
 \_\_\_\_\_  
 SIGNATURE OF APPLICANT/AUTHORIZED AGENT

*CHAU*  
 \_\_\_\_\_  
 TITLE/POSITION

*3/3/2015*  
 \_\_\_\_\_  
 DATE

**EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECK LIST**

Strawberry Fest

June 26, 27, 28, 2015

X	Event Application	
	Site Plan	
	Property Owner Permission	
X	COI & Waiver Certificates	
	Roads & Barricades	
	Security & Sheriff	
	Signage	
	Electrical	
	Vendors & Support Docs.	
	Temp Liquor License App.	
N/A	App. To Conduct Raffle	
	Applicable Fees	
X	Date & Time	6/26 10am-10pm 6/27 10am-10pm 6/28 10am-7pm

Reviewed by LGBCP Events Committee: 1 / 14 / 15  Approved  Rejected

Reviewed by LGBCP Board: 1 / 20 / 15  Approved  Rejected

Reviewed by Village Board of Trustees:     /    /      Approved  Rejected

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

**LGBCP**

*(Vendors/Merchants/Sponsors participating in LGBCP Events must complete a Vendor Application, NOT this Special Event Application)*  
 Contact 847.634.0888 or [info@visitlonggrove.com](mailto:info@visitlonggrove.com) for a Vendor Application

**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](mailto:info@visitlonggrove.com)

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

FOR OFFICE USE ONLY

Received by LGBCP 1, 20, 15  Approved  Rejected 1, 20, 15  
 by LGBCP Board of Directors

Submitted to Village Hall 2, 20, 15  Approved  Rejected 1, 1  
 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: Strawberry Festival Location(s): B1 District  
 Description/Type of Event: 3 Day Community Fest with Live Entertainment; Food; Artisans; Merchants; Sponsors; Family Activities and Rides

---

Estimated Number of Attendees: 20K Estimated Number of Vendors: 75

---

Event Date / Dates: June 26, 27, 28, 2015  
 Day 1 - Hours: 10am to 10pm  
 Day 2 - Hours: 10am to 10pm  
 Day 3 - Hours: 10am to 7pm  
 Set Up - Date June 25 Hours: 6am – 10pm Dismantling - Date June 28 Hours: 6pm to 12pm  
 Sponsoring Organization / Event Host: Long Grove Business and Community Partners  
 Street Address: 308 Old McHenry Road City: Long Grove State: IL Zip: 60047  
 Phone Number: 847.634.0888 Fax Number: 847.634.3673  
 Contact Person: Sharon Fine Phone Number: 847.609.0407  
 E-mail Address: [sfine@visitlonggrove.com](mailto:sfine@visitlonggrove.com)

**Additional Information**

Include with this application the following:

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
  - 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. Payment must be submitted with application):
 

A. Security officers	<b>RES Event Mgmt.</b>	Hours _____ to _____
B. Traffic officers / Reserves	<b>Yes</b>	Hours _____ to _____
C. Parking Assistants	<b>No</b>	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](mailto:info@visitlonggrove.com) / Village Planner – [jhogue@longgrove.net](mailto:jhogue@longgrove.net)

A. Banners	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C. Other Signage (specify)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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** - Indicate promotional materials & advertising to be used (check all that apply):  
 Use of the Long Grove Business & Community Partners logo requires proof and approval.
 

<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

Inclusion on LGBCP's Web-Site, Press Releases and Newsletters requires written request, and may be subject to fees. Contact Info: [visitlonggrove.com](http://visitlonggrove.com)
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, 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	Contact	Company	Address	Phone
Sanitation / Porta Potties		RES / Waste		
Waste Disposal		RES / Waste		
Trash pickup, walkways, etc.		RES Mgmt.		
Music / Staging		RES Mgmt		
White Tents, Rental, Labor		RES Mgmt		
Other				

**10. ALL OUTSIDE VENDORS must**

- 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

**12. RAFFLES** – Submit “Application for License to Conduct Raffle.” Raffles must be pre-approved, and only by the Village Board. - **NONE**

**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](http://www.illinois.gov/license.cfm).

---

**ACCESS TO “OWNER OF EVENT” APPLICATIONS / LICENSES**

- **EVENT APPLICATION:** LGBCP web-site at [info@visitlonggrove.com](mailto:info@visitlonggrove.com) or e-mail your request to [visitlonggrove.com](http://visitlonggrove.com)
- **RAFFLE LICENSE:** Village of Long Grove website at [www.longgrove.net](http://www.longgrove.net), under “Administration.”
- **TEMP. LIQUOR LICENSE:** Village of Long Grove website [www.longgrove.net](http://www.longgrove.net), “Administration.”

**FEE GUIDELINES**

**NON LGBCP OWNED EVENTS** Businesses or Merchants sponsoring their own events, independent of the LGBCP Organization, shall submit:

- Usage Fee as determined by the Board of Directors
- \$25 Village App Fee

**NOTE: LGBCP OWNED EVENTS**

*Vendors/Merchants/Sponsors participating in LGBCP Events must submit a Vendor Application.*  
Contact 847.634.0888 or [info@visitlonggrove.com](mailto:info@visitlonggrove.com) for a Vendor Application

**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**

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

### 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

*Sharon Fine*  
Signature of Applicant

1/19/15  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2015

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).

<b>PRODUCER</b> Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	<b>CONTACT NAME:</b> Michelle Wolff <b>PHONE (A/C No. Ext):</b> (847) 692-9200 <b>FAX (A/C No.):</b> (847) 692-9299 <b>E-MAIL ADDRESS:</b> michellew@cookandkocher.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Casualty Insurance Co.</td> <td>29424</td> </tr> <tr> <td>INSURER B: Twin City Fire Insurance Co.</td> <td>29459</td> </tr> <tr> <td>INSURER C: Lloyd's of London</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: Hartford Casualty Insurance Co.	29424	INSURER B: Twin City Fire Insurance Co.	29459	INSURER C: Lloyd's of London		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Hartford Casualty Insurance Co.	29424													
INSURER B: Twin City Fire Insurance Co.	29459													
INSURER C: Lloyd's of London														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> LONG GROVE BUSINESS AND COMMUNITY PARTNERS, 308 OLD MCHENRY RD LONG GROVE IL 60047														

**COVERAGES** CERTIFICATE NUMBER: CL1513002512 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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		83SBAIJ5801	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	83WECB09102	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	<b>Liquor Liability</b>		LIQ101504.02	4/30/2014	4/30/2015	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE: Chocolate Festival - Event Dates: May, 15, 16, 17 (Set-Up Thurs. May 14/Breakdown Sun. May 17); Strawberry Festival - Event Dates: June 26, 27, 28 (Set-Up Thurs. June 25/Breakdown Sun. June 28); Apple Festival - Event Dates: Sept. 25, 26, 27 (Set-Up Thurs. Sept. 24/Breakdown Sun. Sept. 27)**  
 The certificate holder is to be named as additional insured

<b>CERTIFICATE HOLDER</b> Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	<b>CANCELLATION</b> 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 
---	--

ACORD 25 (2010/05)

INS025 (201005) 01

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECK LIST**

Apple Fest

Sept. 25, 26, 27, 2015

X	Event Application	
	Site Plan	
	Property Owner Permission	
	COI & Waiver Certificates	
	Roads & Barricades	
	Security & Sheriff	
	Signage	
	Electrical	
	Vendors & Support Docs.	
	Temp Liquor License App.	
N/A	App. To Conduct Raffle	
	Applicable Fees	
X	Date & Time	9/25 10am-10pm 9/26 10am-10pm 9/27 10am-7pm

Reviewed by LGBCP Events Committee: 1/14/15       Approved     Rejected

Reviewed by LGBCP Board: 1/20/15       Approved     Rejected

Reviewed by Village Board of Trustees:     /    /           Approved     Rejected

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

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

**LGBCP**

*(Vendors/Merchants/Sponsors participating in LGBCP Events must complete a Vendor Application, NOT this Special Event Application)*  
 Contact 847.634.0888 or [info@visitlonggrove.com](mailto:info@visitlonggrove.com) for a Vendor Application

**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](mailto:info@visitlonggrove.com)

**FOR OFFICE USE ONLY**

Received by LGBCP 1, 20, 15  Approved  Rejected 1, 20, 15  
 by LGBCP Board of Directors

Submitted to Village Hall 2, 20, 15  Approved  Rejected 1, 1  
 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 Festival Location(s): B1 District  
 Description/Type of Event: 3 Day Community Fest with Live Entertainment; Food; Artisans; Merchants; Sponsors; Family Activities and Rides

Estimated Number of Attendees: 20K Estimated Number of Vendors: 75

Event Date / Dates: Sept. 25, 26, 27 2015

Day 1 - Hours: 10am to 10pm

Day 2 - Hours: 10am to 10pm

Day 3 - Hours: 10am to 7pm

Set Up - Date **Sept. 24** Hours: 6am – 10pm Dismantling - Date **Sept. 27** Hours: 6pm to 12pm

Sponsoring Organization / Event Host: Long Grove Business and Community Partners

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

Phone Number: 847.634.0888 Fax Number: 847.634.3673

Contact Person: Sharon Fine Phone Number: 847.609.0407

E-mail Address: [sfine@visitlonggrove.com](mailto:sfine@visitlonggrove.com)

**Additional Information**

Include with this application the following:

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
  - 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. Payment must be submitted with application):
 

A. Security officers	<b>RES Event Mgmt.</b>	Hours _____	to _____	
B. Traffic officers / Reserves	<b>Yes</b>	Hours _____	to _____	
C. Parking Assistants	<b>No</b>	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](mailto:info@visitlonggrove.com) / Village Planner – [jhogue@longgrove.net](mailto:jhogue@longgrove.net)

A. Banners	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
C. Other Signage (specify)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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** - Indicate promotional materials & advertising to be used (check all that apply):  
 Use of the Long Grove Business & Community Partners logo requires proof and approval.
 

<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

Inclusion on LGBCP's Web-Site, Press Releases and Newsletters requires written request, and may be subject to fees. Contact Info: [visitlonggrove.com](http://visitlonggrove.com)
8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, 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	Contact	Company	Address	Phone
Sanitation / Porta Potties		RES / Waste		
Waste Disposal		RES / Waste		
Trash pickup, walkways, etc.		RES Mgmt.		
Music / Staging		RES Mgmt		
White Tents, Rental, Labor		RES Mgmt		

Other				
-------	--	--	--	--

**10. ALL OUTSIDE VENDORS must**

- 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

**12. RAFFLES** – Submit “Application for License to Conduct Raffle.” Raffles must be pre-approved, and only by the Village Board. - **NONE**

**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](http://www.illinois.gov/license.cfm).

---

**ACCESS TO “OWNER OF EVENT” APPLICATIONS / LICENSES**

- **EVENT APPLICATION:** LGBCP web-site at [info@visitlonggrove.com](mailto:info@visitlonggrove.com) or e-mail your request to [visitlonggrove.com](http://visitlonggrove.com)
- **RAFFLE LICENSE:** Village of Long Grove website at [www.longgrove.net](http://www.longgrove.net), under “Administration.”
- **TEMP. LIQUOR LICENSE:** Village of Long Grove website [www.longgrove.net](http://www.longgrove.net), “Administration.”

**FEE GUIDELINES**

**NON LGBCP OWNED EVENTS** Businesses or Merchants sponsoring their own events, independent of the LGBCP Organization, shall submit:

- Usage Fee as determined by the Board of Directors
- \$25 Village App Fee

**NOTE: LGBCP OWNED EVENTS**

*Vendors/Merchants/Sponsors participating in LGBCP Events must submit a Vendor Application.*  
Contact 847.634.0888 or [info@visitlonggrove.com](mailto:info@visitlonggrove.com) for a Vendor Application

**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**

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

## **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

*Sharon Fine*  
Signature of Applicant

1/19/15  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/30/2015

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 <b>Cook and Kocher Insurance Group</b> 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	CONTACT NAME: <b>Michelle Wolff</b>
	PHONE (A/C. No. Ext): <b>(847) 692-9200</b> FAX (A/C. No.): <b>(847) 692-9299</b>
	E-MAIL ADDRESS: <b>michellew@cookandkocher.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Hartford Casualty Insurance Co.</b> NAIC # <b>29424</b>
INSURED <b>LONG GROVE BUSINESS AND COMMUNITY PARTNERS,</b> 308 OLD MCHENRY RD  <b>LONG GROVE IL 60047</b>	INSURER B: <b>Twin City Fire Insurance Co.</b> NAIC # <b>29459</b>
	INSURER C: <b>Lloyd's of London</b>
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES** CERTIFICATE NUMBER: **CL1513002512** 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/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		83SBAIJ5801	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	83SBAIJ5801	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	83WECBO9102	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Liquor Liability		LIQ101504.02	4/30/2014	4/30/2015	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: Chocolate Festival - Event Dates: May, 15, 16, 17 (Set-Up Thurs. May 14/Breakdown Sun. May 17);  
Strawberry Festival - Event Dates: June 26, 27, 28 (Set-Up Thurs. June 25/Breakdown Sun. June 28);  
Apple Festival - Event Dates: Sept. 25, 26, 27 (Set-Up Thurs. Sept. 24/Breakdown Sun. Sept. 27)  
The certificate holder is to be named as additional insured

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