

**Visitors' Business:
Special Events & Signage Applications**

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

JUN 13 2016

RECEIVED

Craft Beer Festival 2016

July 22 5:00pm - 8:00pm July 23 11am - 5:00pm

Submitted by Long Grove Business & Community Partners

Event Application	Received June 8, 2016
Date & Time	July 22 4PM Set Up July 23 5 - 6:30pm Clean Up
Site Plan	Site Plan Attached
Property Owner Permission	NA
COI & Waiver Certificates	Pending/ASAP awaiting Hanover Policy
Roads & Barricades	Robert Parker Coffin will be closed from the Bridge to the Visitor Center.
Security & Sheriff	1 Security Officer
Signage	LGBCP Banner & small "candidate" type signs
Electrical	Own Sound System
Vendors & Support Docs.	Pending
Temp Liquor License App.	Attached
App. To Conduct Raffle	NA
Applicable Fees	Request Waiver

Application Received:

Reviewed by LGBCP Events Committee: 5 / 11 / 2016 Approved Rejected

Pending:

Reviewed by LGBCP Board: 5/17/2016 Approved Rejected

Pending:

Reviewed by Village Board of Trustees: / / Approved Rejected

Pending:

***2016 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 LGBCP. 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 LGBCP. ~ Once approved by the LGBCP, the application will be forwarded to the Village 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 LGBCP Members, Vendors, Merchants, Sponsors and not for profits, participating in LGBCP organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a ***Vendor Application, NOT this "Event Organizer" Application.**

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

*** 2016 Vendor Applications** can be found, beginning Jan. 15, 2016, on the LGBCP web-site @ visitlonggrove.com, under "Applications." (See #10, page 3, on this form for add'l. details.)

CHECK ONE ORGANIZER CATEGORY:

LGBCP - Do not check this box unless you are LGBCP Exec. Director or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove. 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 ___ 5 / ___ 16 ___ / ___ 16 ___ Approved Rejected 4/16/16
 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, and include all required information and attachments. Applicants 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 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.

Estimated Number of Attendees 2500 Estimated Number of Vendors 15

Event Date / Dates & Time:

Day 1 - Date: July 22 Hours: 5 pm to 8pm

Day 2 - Date: July 23 Hours: 11am to 5:00pm

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: _____ Hours: _____ to _____

Dismantling - Date: _____ Hours: _____ to _____

EVENT ORGANIZER: Company or Organization

LGBCP

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)
 - Village of Long Grove

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

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 # 1 Hours 5-8pm (Fri) Sat 11-5pm
- 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		Joe Chavez	Waste Management	877-209-8833
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor	15	Chris	Jack's Tents	847-775-1829
Other			Waukegan	

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:	\$ 25
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 75
Other: <u>Waive Fees (Hometown Event)</u>	\$ _____
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 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 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 Date

LGBCP Board Approval _____ /_/_/_____
Events Committee Chair Signature Date

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

Liquor License



April 27, 2016



Letter ID: L0462726928

LONG GROVE BUSINESS & COMMUNITY PARTNERS
 LONG GROVE BUSINESS & COMMUNITY PARTNERS
 307 OLD MCHENRY RD
 LONG GROVE IL 60047-8863

License No.: 4A-0105664
 Expiration Date: 9/5/2016
 License Type: SPECIAL EVENT RET



SPECIAL EVENT LICENSE/SPECIAL USE PERMIT -- EVENT DATE(S) AND TIMES

Start Date Start Time	End Date End Time	Event Address	Event Theme
07/22/2016 05:00 PM	07/22/2016 10:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
07/23/2016 11:00 AM	07/23/2016 08:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
08/20/2016 10:00 AM	08/20/2016 07:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
08/21/2016 10:00 AM	08/21/2016 07:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
09/03/2016 10:00 AM	09/03/2016 06:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
09/04/2016 10:00 AM	09/04/2016 06:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE
09/05/2016 10:00 AM	09/05/2016 06:00 PM	308 OLD MCHENRY RD LONG GROVE, IL 60047	FESTIVAL OF CULTURE

Letter ID:L0462726928



STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
 Governor Bruce Rauner

4A-0105664

License Number

IN ACCORDANCE WITH LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

LONG GROVE BUSINESS & COMMUNITY PARTNERS
 LONG GROVE BUSINESS & COMMUNITY PARTNERS
 307 OLD MCHENRY RD
 LONG GROVE IL 60047-8863

Lake

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:

SPECIAL EVENT RET

ISSUE DATE:

04/22/16

Effective:

07/22/16

THIS LICENSE EXPIRES ON:

9/5/2016

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.

Sales Tax Acct # N/A

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

JUN 13 2016

VILLAGE OF LONG GROVE

VINTAGE DAYS

August 20 and August 21

Submitted by Long Grove Business & Community Partners

Event Application	Received June 8, 2016
Date & Time	August 20 8:30am – 9:30 AM Set Up 10:00am – 7:00 pm Event August 21 7-8pm Clean Up
Site Plan	Site Plan Attached
Property Owner Permission	NA
COI & Waiver Certificates	Pending/ ASAP awaiting Hanover Policy
Roads & Barricades	RPC will be closed from the Bridge to the Visitor Center
Security & Sheriff	1 Security Officer
Signage	LGBCP Banners & small “candidate” type signs
Electrical	Own Sound System
Vendors & Support Docs.	Pending
Temp Liquor License App.	Attached
App. To Conduct Raffle	NA
Applicable Fees	Request Waiver

Application Received:

Reviewed by LGBCP Events Committee: 5 / 11 / 2016 Approved Rejected

Pending:

Reviewed by LGBCP Board: 5/17/2016 Approved Rejected

Pending:

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

Pending:

CELL: 847-912-9785 _____ OTHER: 847-634-2292

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.

Estimated Number of Attendees 2500 Estimated Number of Vendors 40

Event Date / Dates & Time:

Day 1 - Date: ____8/20____ Hours: ____10____to ____6pm____

Day 2 - Date: ____8/21____ Hours: ____10____to ____6pm____

Day 3 - Date: _____ Hours: _____to _____

Set Up - Date: _____ Hours: _____to _____

Dismantling - Date: _____ Hours: _____to _____

EVENT ORGANIZER: Company or Organization

____LGBCP_____

Street Address: 308 Old McHenry Rd 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)
 - 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 # 1 Hours 10 to 6pm
- 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			Waste Management	
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging		John Kopecky	Our own Equipment	
White Tent, Rental, Labor	45	Chris	Jack's Tents	847-775-1829
Other			Waukegan	

10. ***ALL VENDORS participating in the event must**
- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
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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:	\$ 25
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 75
Other: ____ Request waiver (Hometown Event)_____	\$ _____
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 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 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 Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

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

Liquor License



April 27, 2016



Letter ID: L0462726928

LONG GROVE BUSINESS & COMMUNITY PARTNERS
 LONG GROVE BUSINESS & COMMUNITY PARTNERS
 307 OLD MCHENRY RD
 LONG GROVE IL 60047-8863

License No.: 4A-0105664
 Expiration Date: 9/5/2016
 License Type: SPECIAL EVENT RET



SPECIAL EVENT LICENSE/SPECIAL USE PERMIT -- EVENT DATE(S) AND TIMES

Start Date Start Time	End Date End Time	Event Address	Event Theme
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Letter ID:L0462726928



STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
 Governor Bruce Rauner

4A-0105664

License Number

IN ACCORDANCE WITH LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

LONG GROVE BUSINESS & COMMUNITY PARTNERS
 LONG GROVE BUSINESS & COMMUNITY PARTNERS
 307 OLD MCHENRY RD
 LONG GROVE IL 60047-8863

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HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:

SPECIAL EVENT RET

ISSUE DATE:

04/22/16

Effective:

07/22/16

THIS LICENSE EXPIRES ON:

9/5/2016

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.

Sales Tax Acct # N/A

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A

CELL: 847-912-9785 _____ OTHER: 847-634-2292

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.

FROM: 6/14/16
JIM,
VISITING
CENTER

Estimated Number of Attendees 2500

Event Date / Dates & Time:

Day 1 - Date: 8/20 Hours: 10 to

Day 2 - Date: 8/21 Hours: 10 to

Day 3 - Date: Hours: to

Set Up - Date: Hours: to

Dismantling - Date: Hours: to

EVENT ORGANIZER: Company or Organization
LGBCP

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

Phone Number: 847-634-0888 Cell Number:

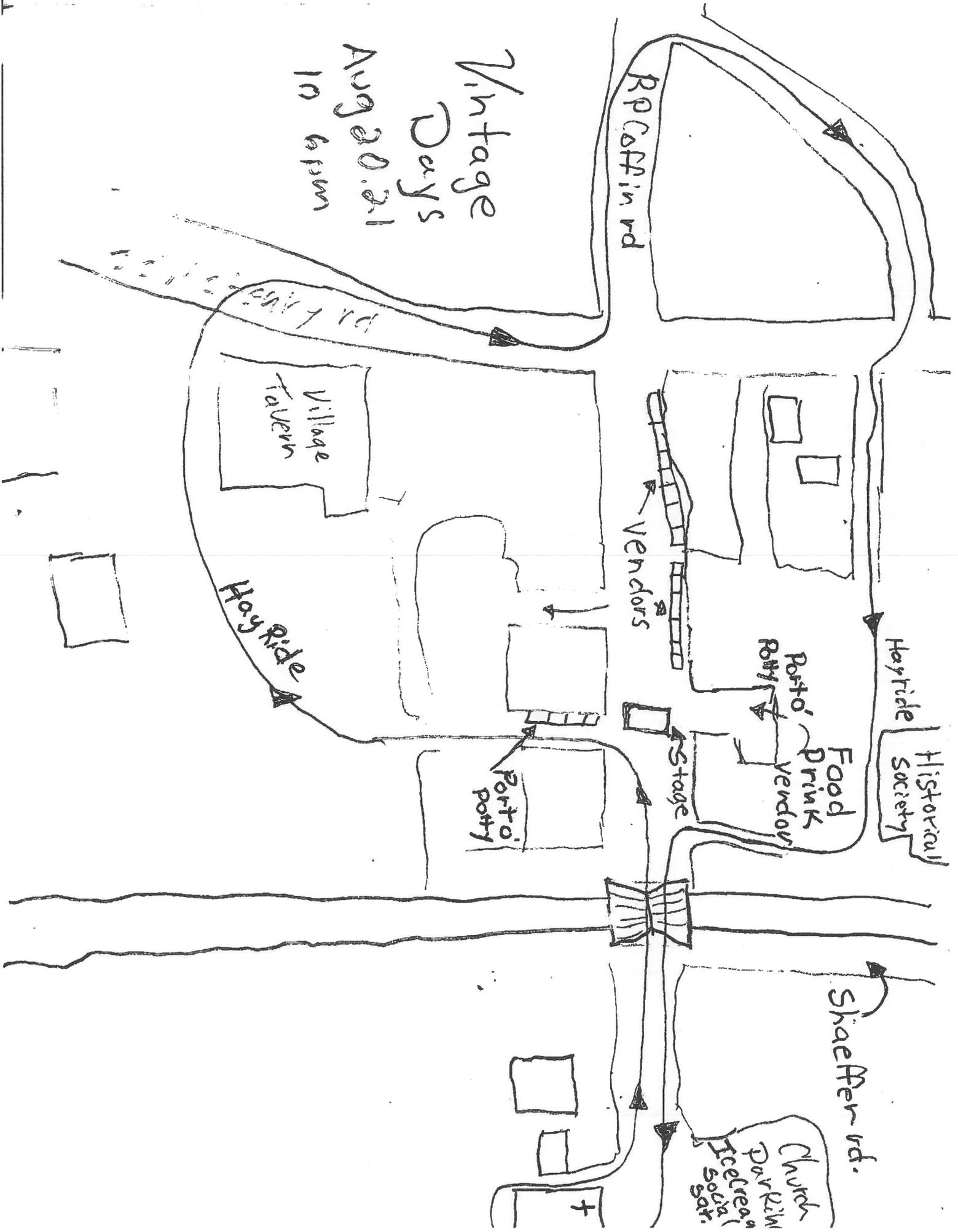
Contact Person: Jim Uszler Phone Number:

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)
 - Village of Long Grove

Vintage
Days
Aug 20.21
10 am



EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

JUN 22 2016

VILLAGE OF LONG GROVE

Cars & Cigars Fundraiser for Special Olympics July 10, 2016 12 - 4pm

Event Application	5/31/2016
Date & Time	July 10, 2016 Set Up 8am-11am Take Down 5 -6pm
Site Plan	Use of Stempel Parking Lot
Property Owner Permission	NA
COI & Waiver Certificates	Pending
Roads & Barricades	NA
Security & Sheriff	NA
Signage	Banners only
Electrical	NA
Vendors & Support Docs.	NA
Temp Liquor License App.	NA
App. To Conduct Raffle	NA
Applicable Fees	Waiver requested for Charitable Event

Application Received:

Reviewed by LGBCP Events Committee: 6 / 8 / 2016 Approved Rejected
 Pending:

Reviewed by LGBCP Board: 6 / 21 / 2016 Approved Rejected
 Pending:

Reviewed by Village Board of Trustees: / / Approved Rejected
 Pending:

Description/Type of Event:

CAR ~~SHOW~~ SHOW + SPECIAL OLYMPICS FUNDRAISER

Estimated Number of Attendees 100 - 200 Estimated Number of Vendors N/A

Event Date / Dates & Time:

Day 1 - Date: 7/10/16 Hours: 12 PM to 4 PM

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 7/10/16 Hours: 8 AM to 11 AM

Dismantling - Date: 7/10/16 Hours: 5 PM to 6 PM

EVENT ORGANIZER: Company or Organization CIGARS + MORE

Street Address: 445 ROBERT PARKER COFFIN City: LONG GROVE State: IL Zip: 60047

Phone Number: 847-883-9998 Cell Number: 847-980-8901

Contact Person: JULIE NEWMANN Phone Number: *

E-mail Address: JULIE@CIGARSANDMORE.COM

Include with this application:

- SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable). *USE OF STAMPLE PARKING LOT*
- PROPERTY OWNER** written permission.
- 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
- ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. Fees may apply. *N/A*
- 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. *N/A*

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. **ON OUR PROPERTY**

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..

N/A

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				
Waste Disposal				
Trash Pickup, Walks, etc.		N/A		
Music / Staging				
White Tent, Rental, Labor				
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:	\$ 25
Fire Inspection Fee (if applicable)	\$ 25
	\$ 75
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 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.

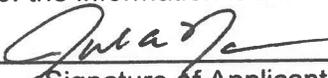
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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 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  5/1/16
Signature of Applicant Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

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

***2016 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 LGBCP. 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 LGBCP. ~ Once approved by the LGBCP, the application will be forwarded to the Village 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 LGBCP Members, Vendors, Merchants, Sponsors and not for profits, participating in LGBCP organized events, ie. Chocolate Fest, etc., are considered vendors and must complete a *Vendor Application, NOT this "Event Organizer" Application.

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

* 2016 Vendor Applications can be found, beginning Jan. 15, 2016, on the LGBCP web-site @ visitlonggrove.com, under "Applications." (See #10, page 3, on this form for add'l. details.)

CHECK ONE ORGANIZER CATEGORY:

- LGBCP** - Do not check this box unless you are LGBCP Exec. Director or Events Committee Chair.
 OTHER - ALL entities organizing an outdoor event, in the B1 District of Long Grove.

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, and include all required information and attachments. Applicants 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 CARS + CIGARS
Event Title: SPECIAL OLYMPICS FUNDRAISER Location(s) in the B1 District: _____

CONTACT INFO: NAME: JULIE NEWMANN E-MAIL: JULIE@CIGARSANDMORE.COM
CELL: 847-980-8901 OTHER: _____

Description/Type of Event:

CAR ~~SHOW~~ SHOW + SPECIAL OLYMPICS FUNDRAISER

Estimated Number of Attendees 100 - 200 Estimated Number of Vendors N/A

Event Date / Dates & Time:

Day 1 - Date: 7/10/16 Hours: 12 PM to 4 PM

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 7/10/16 Hours: 8 AM to 11 AM

Dismantling - Date: 7/10/16 Hours: 5 PM to 6 PM

EVENT ORGANIZER: Company or Organization CIGARS + MORE

Street Address: 445 ROBERT PARKER COFFIN City: LONG GROVE State: IL Zip: 60047

Phone Number: 847-883-9998 Cell Number: 847-980-8901

Contact Person: JULIE NEWMANN Phone Number: *

E-mail Address: JULIE@CIGARSANDMORE.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). *USE OF STAMPLE PARKING LOT*
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. *N/A*
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. *N/A*

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. **ON OUR PROPERTY**

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
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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..

N/A

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				
Waste Disposal				
Trash Pickup, Walks, etc.		N/A		
Music / Staging				
White Tent, Rental, Labor				
Other				

10. *ALL VENDORS participating in the event must

- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
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- **Food Vendors must** contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

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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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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:	\$ 25
Fire Inspection Fee (if applicable)	\$ 25
	\$ 75
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.

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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.

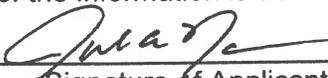
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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I have read and understand the above  5/1/16
Signature of Applicant Date

LGBCP Board Approval _____ / /
Events Committee Chair Signature Date

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

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

JUN 22 2016

VILLAGE OF LONG GROVE

An LGBCP Event
Long Grove Irish Days September 3,4,5 Sat 10-9pm Sun 10-9pm

Event Application	6/21/2016
Date & Time	September 3, 4, 5 Sat 10-9pm Sun 10-9pm
Site Plan	Fountain Square Location
Property Owner Permission	Request
COI & Waiver Certificates	Pending Application
Roads & Barricades	Will close part of Archer Rd. for safety reasons near Fountain Square.
Security & Sheriff	1 Reserve officer to handle any issues
Signage	Banners, street signs like political size
Electrical	NA
Vendors & Support Docs.	Pending
Temp Liquor License App.	Attached
App. To Conduct Raffle	NA
Applicable Fees	Request Waiver for Charitable Org.

Application Received:

Reviewed by LGBCP Events Committee: 6 / 5 / 2016 Approved Rejected
 Pending:

Reviewed by LGBCP Board: 6 / 21 / 2016 Approved Rejected
 Pending:

Reviewed by Village Board of Trustees: ___ / ___ / ___ Approved Rejected
 Pending:

***2016 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 LGBCP.

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 LGBCP.

~ Once approved by the LGBCP, the application will be forwarded to the Village 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 LGBCP Members, Vendors, Merchants, Sponsors and not for profits, participating in LGBCP organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a ***Vendor Application, NOT this "Event Organizer" Application.**

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

*** 2016 Vendor Applications** can be found, beginning Jan. 15, 2016, on the LGBCP web-site @ visitlonggrove.com, under "Applications." (See #10, page 3, on this form for add'l. details.)

CHECK ONE ORGANIZER CATEGORY:

LGBCP - Do not check this box unless you are LGBCP Exec. Director or Events Committee Chair.

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

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 6 / 21 / 2016

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, and include all required information and attachments. Applicants 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 Title: IRISH Days _____ Location(s) in the B1 District: Yes _____

CONTACT INFO: NAME: _____ Marian Ward _____ E-MAIL: marianward2@yahoo.com

CELL: _____ OTHER: 847-634-2399

Description/Type of Event:

A Celebration of all things Irish: Food, Dance, Music, Culture.

Estimated Number of Attendees

Estimated Number of Vendors

Event Date / Dates & Time:

Day 1 - Date: __Sep 3____ Hours: __10__ to __9pm__

Day 2 - Date: __Sep 4____ Hours: __10__ to __9pm__

Day 3 - Date: __Sep 5____ Hours: __10__ to __6pm__

Set Up - Date: _____ Sep 2 _____ Hours: __5__ to __7pm__

Dismantling - Date: _____ Sep 5 _____ Hours: __6__ to __9pm__

EVENT ORGANIZER: Company or Organization

_____ LGBCP _____

Street Address: _____ 308 Old McHenry Road City: __LG__ 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 # 1 Hours 10 to 9pm _____
- 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 x Yes No
- B. Temporary Signs x 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:

- x Newspapers Cable T.V. x Internet
- x 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..

Already in Place

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	3			
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor				
Other				

10. ***ALL VENDORS participating in the event must**

- Complete a “Vendor Application,” found at visitlonggrove.com, under “Applications”
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- **Food Vendors** must contact the Lake County Dept. of Health (847-360-6700) to apply for a permit.

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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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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:	\$ 25
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 75
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.

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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.

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I have read and understand the above _____ /_____/_____
Signature of Applicant Date

LGBCP Board Approval _____ /_____/_____
Events Committee Chair Signature Date

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

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

JUN 22 2016

VILLAGE OF LONG GROVE

Authors & Artists on Towner Green

September 17 8:30am - 5:00pm

Submitted by Long Grove Arts & Music Council (Rachel Perkal)

Event Application	Received June 8, 2016
Date & Time	September 17 th 8:30am – 9:30 AM Set Up 9:30 – 4:30pm Event 4:30- 5:00pm Clean Up
Site Plan	Site Plan Attached
Property Owner Permission	Pending
COI & Waiver Certificates	Pending
Roads & Barricades	Private Drive on Towner Green will be closed
Security & Sheriff	1 Parking Assistant 8:30-5:00pm
Signage	LGAMC Banner & small “candidate” type signs
Electrical	Own Sound System
Vendors & Support Docs.	NA
Temp Liquor License App.	NA
App. To Conduct Raffle	NA
Applicable Fees	Waived

Application Received:

Reviewed by LGBCP Events Committee: 6 / 8 / 2016 Approved Rejected

Pending:

Reviewed by LGBCP Board: 6 / 21 / 2016 Approved Rejected

Pending:

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

Pending:



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

- Site Plan
- Raffle Application
- Temp. Liquor License App.
- Event Application
- Property Owner Permission
- Insurance Certificate

Please complete this form in its entirety. This application must be submitted a minimum of 90 days prior to the event.

Applications should be mailed, faxed or e-mailed to the Village of Long Grove:

Sherry Shlagman
 Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 847-634-9440
 Fax: 847-634-9408
 sshlagman@longgrove.net

Submittal Date: June 7, 2016 Date Received: _____

EVENT INFORMATION

Event Name & Location(s): Authors + Artists ^{on} ~~at~~ Towner Green

Description/Type of Event: Local Artists + Authors will be set up on Towner Green and Parking Lot with their books and art. (over)

Event Date: ~~June~~ September 17, Saturday, 2016 Hours: 8:30 to 5:00

Set Up for Event

Date: Sept. 17, 2016
Hours: 8:30 to 9:30

Dismantling of Event

Date: Sept. 17, 2016
Hours: 4:30 to 5:00

Estimated Number of Attendees: 500-700?

Estimated Number of Vendors: _____

Sponsoring Organization: Long Grove Arts + Music Council / Artists Guild ^{20 artists} ^{10 authors}

Street Address: 4509 N. Krueger Rd (Georgia-Cawley)

City: Long Grove State: IL Zip Code: 60047

Phone Number: (847) 404-8571 cell Fax Number: _____

Contact Person: Georgia Cawley Phone Number: 847 438-1160 Studio

E-mail Address: georgia@lgamc.org 847 404-8571 Cell

Long Grove Business and Community Partners
 307 Old McHenry Road, Long Grove, IL 60047
 847-634-0888 Fax: 847-634-3673
 infocenter@longgrove.org

- * The artists will set up in the parking lot at Towner Green, as they did for the Backseat Gallery and Trunk Art Show. They will display their original art from their vehicles.
- * The Authors will be under a 20' x 40' tent on Towner Green open field. Each author will have a table for their books, available for sale.
- * The plan is to schedule a "meet the author" for visitors to have the opportunity to hear each author speak on their work and answer questions.
- * Local musicians will provide entertainment through out the day.

Additional Information

Include with this application the following:

1. A site plan of all areas of the B-1 District covered by the event. On the plan, mark the sanitary facilities and auxiliary parking lots (if applicable).
2. Written permission from property owners *verbal permission given, letter forthcoming.*
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured. *We will provide certificate of insurance.*
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. *Only the entrance of the private drive to Towner Green will be closed 9:30 - 4:30*
5. Provide the number of security and police officers needed and the times for each (if required per approval) (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	<u>1</u>	Hours <u>8:30</u> to <u>5:00</u>

6. Indicate whether there will be any of the following:
(before ordering banners or temporary signs, check with the Village Planner - 847-634-9440)

- A. Banners Yes No
- B. Temporary Signs Yes No

C. Other (specify) The Long Grove Art + Music Council Banner used as backdrop for our concerts. Small "Artshow" "Author + Artshow" signs
If you answered yes provide a design, location, time to be posted and written permission of the owner(s) where these items will be posted. *Only on Towner Property*

7. Indicate promotional materials and advertising to be used (check all that apply):

- Newspapers
- Newsletters
- Direct Mailings
- Cable T.V.
- Commercial T.V.
- Trade Magazines
- Internet
- Radio - *possibly*
- Other (specify) *Foam core signs*

8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc.

We plan to have local musicians throughout the day. We will use our own sound system, as with the LGAMC concerts.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	Alex Cruz	Service Sanitation		(800) 909-5646
Waste Disposal/Garbage				
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **Sales tax rate for the Village of Long Grove is 8%. Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**
11. If there is a charity involved or benefiting from this event, please provide the name of the charity, contact name and a phone number. *Long Grove Arts + Music Council, 501e3*
12. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.*
13. Liquor – Submit “Temporary Liquor License” Application. **Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at www.illinois.gov/license.cfm.***

* For additional copies of the Event Application or to obtain an Application for License to Conduct Raffle, or Temporary Liquor License Application please visit the Village of Long Grove website at www.longgrove.net. Applications can be found under the heading “Forms” on the home page.

Long Grove Business and Community Partners
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 847-634-0888 Fax: 847-634-3673
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All the information submitted is as part of an application to the Long Grove Business and Community Partners to obtain their recommendation to the Village Board to 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.

Please read this form carefully and be aware that in signing up and participating in this event you will be waiving and releasing all claims arising out of this program. In consideration of the Village sponsoring and providing the above event and accepting me as a participant in the above event, I agree as follows:

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such event.

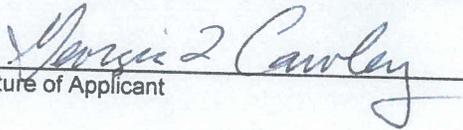
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

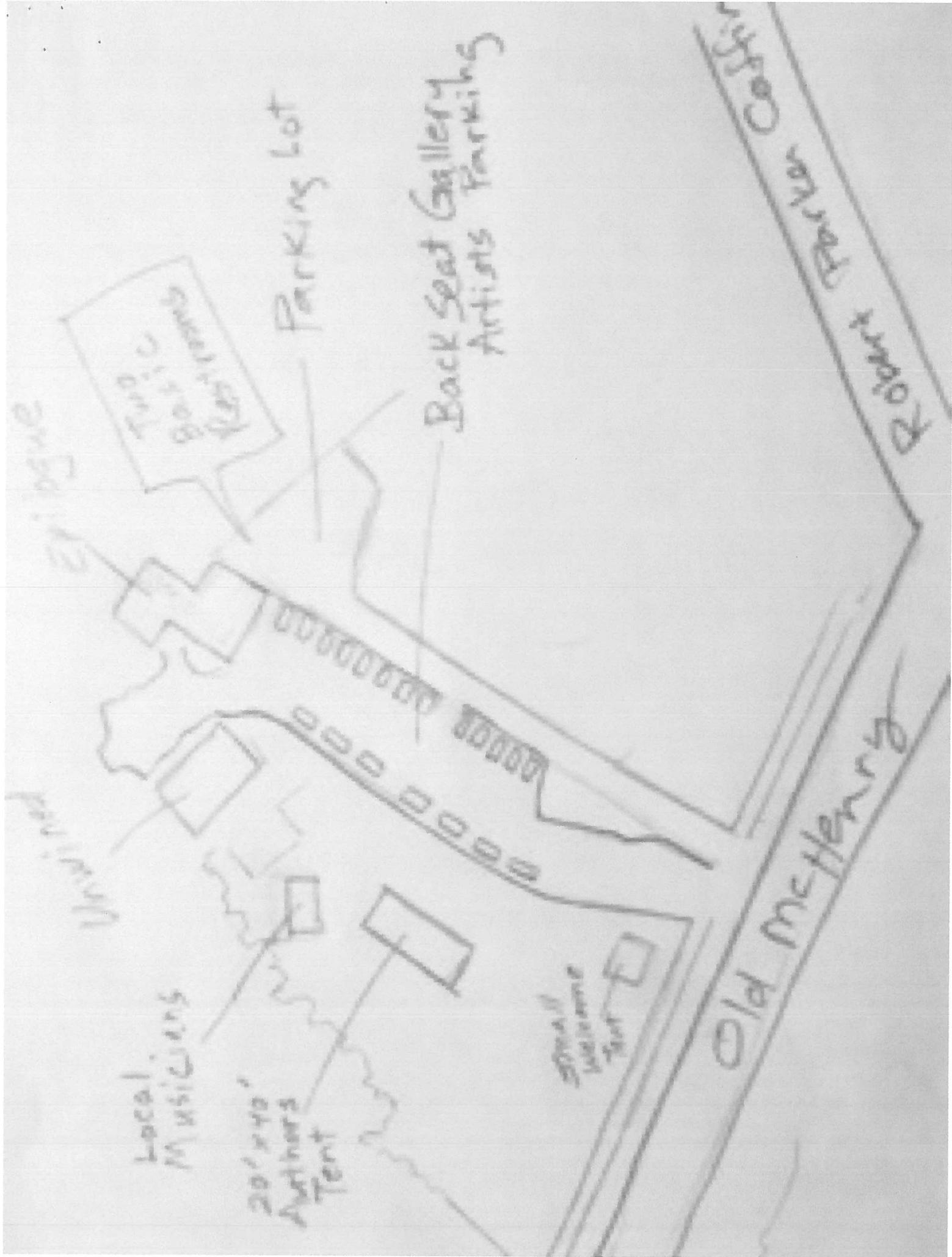
I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected 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.

Signature of Applicant



June 7, 2016
Date

Long Grove Business and Community Partners
307 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
infocenter@longgrove.org



Tropic Gasrooms

Parking lot

Back Seat Gallery Artists Parking

Parker Center

Old McHenry

Unwind

Local Musicians

20' x 40' Authors Tent

Small Welcome Tent

EVENT SERVICE AGREEMENT

Billing Address

LONG GROVE ARTS & MUSIC CO
6324 VALLEY VIEW LN
LONG GROVE, IL 60047

Service Address

TOWNER GREEN
OLD MCHENRY RD
& ROBERT PARKER COFFIN RD
LONG GROVE, IL 60047

Customer #: 50 - 101276
Contact Name: WALTER ROTH
Phone: (847) 875-9669

Qty:	Restroom Services	Rate:	Total:
Sunday, July 10, 2016		Work Order #: 7172242	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	DELIVER BY 10 AM		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		
Monday, July 11, 2016		Work Order #: 7172243	
2	RET EVENT BASIC RESTROOM		
2	RET HAND SANITIZER		
Sunday, July 17, 2016		Work Order #: 7172247	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	DELIVER BEFORE 10AM		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		
Monday, July 18, 2016		Work Order #: 7172248	
2	RET EVENT BASIC RESTROOM		
2	RET HAND SANITIZER		

Qty:	Restroom Services	Rate:	Total:
Sunday, July 24, 2016		Work Order #: 7172249	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	DELIVER BEFORE 10AM		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		
Monday, July 25, 2016		Work Order #: 7172255	
2	RET EVENT BASIC RESTROOM		
2	RET HAND SANITIZER		
Sunday, August 7, 2016		Work Order #: 7172258	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	DELIVER BEFORE 10AM		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		
Monday, August 8, 2016		Work Order #: 7172260	
2	RET EVENT BASIC RESTROOM		
2	RET HAND SANITIZER		
Sunday, August 21, 2016		Work Order #: 7172262	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	DELIVER BEFORE 10 AM		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		
Monday, August 22, 2016		Work Order #: 7172264	
2	RET EVENT BASIC RESTROOM		
2	RET HAND SANITIZER		
Sunday, August 28, 2016		Work Order #: 7174480	
2	DEL EVENT BASIC PORT REST	\$110.00	\$220.00
2	DEL HAND SANITIZER	\$5.00	\$10.00
	* DELIVER BEFORE 10AM *		
	> SEE MAP FOR PLACEMENT <		
	WALTER 847.875.9669		

Qty: Restroom Services

Rate:

Total:

Monday, August 29, 2016

Work Order #: 7174482

2 RET EVENT BASIC RESTROOM

2 RET HAND SANITIZER

Total For Event: \$1,380.00

Terms:

NET 10

Customer #:

50 - 101276

This Service Agreement is subject to Service Sanitation's Terms and Conditions which are fully incorporated herein.

1. ACCEPTANCE:

Customer shall be deemed to have accepted these terms and conditions upon acknowledgment, signature, or other conduct indicating acceptance. Customer hereby acknowledges and agrees that these Terms and Conditions shall apply to all sites and all orders placed by the Customer at any time. Customer's consent and agreement to these Terms and Conditions may not be withdrawn or revoked except upon written notice to Service Sanitation, Inc. (Company) at least thirty (30) days before the effective date of such revocation, and such revocation of Customer's agreement to these Terms and Conditions shall only apply to future orders. These terms and conditions shall supersede any inconsistent terms of any purchase order or Customer documents.

2. COMPANY OBLIGATIONS:

- The obligations of COMPANY shall include:
- Supply the sanitation equipment ("Equipment") listed in service agreement ("Service Agreement") and provide the type of service plan stated within Service Agreement. The delivery dates are approximate and the Company shall have no liability for any failure or delay in making delivery or for failure to give notice of any such failure.
 - Provide additional Equipment and service as requested by the Customer at Company's customary rates. Service schedule shall be determined by Company and is subject to change.
 - Maintain Equipment in good working order under ordinary use. Company shall not be responsible for failure to render such maintenance due to causes beyond reasonable control of the Company.

3. CUSTOMER'S OBLIGATIONS:

- The obligations of the CUSTOMER shall include:
- Remit amounts due as indicated on Service Agreement and all subsequent amounts due, not later than the terms indicated on associated invoices. Routed service pricing is subject to change without prior notice. Customer is responsible for all taxes, however designated, arising out of the provisions of services under this agreement, including without limitations, sales, use, transfer, privilege, excise or other tax or duty.
 - Retain absolute and sole control, possession and custody of Equipment and return such Equipment to Company at end of the service period.
 - Acknowledge that Company has no control over use of the Equipment by Customer. Customer should make no use of the Equipment for other than sanitation purposes. While Equipment is in Customer's possession, Customer shall prevent any contamination of such units with or from radioactive, volatile, flammable, explosive, toxic or hazardous materials. In the event that such waste is found in the Equipment, Customer shall arrange and pay for separate removal of such waste.
 - Customer agrees to comply, at Customer's expense, with any and all applicable municipal, county, state, federal or quasi-governmental laws, ordinances, regulations and guidelines.

4. LOCATION OF EQUIPMENT:

- Customer is responsible to exercise due diligence and care in the selection of the location designated for Equipment and to supervise the placement of such Equipment. Customer is responsible for any damages that accrue therefrom.
- Requests to relocate Equipment will be fulfilled by Company. Additional charges may apply. Company is not liable for damages associated with relocation of Equipment by Customer. In all cases, Customer is required to notify Company in advance of Equipment relocation.
- Customer is responsible for ensuring Equipment is available or accessible for servicing or maintenance at ground level without hazard to Company, its agents, employees or Equipment. If Company is unable to service units due to Customer's failure to make them accessible, Customer is responsible for any damages that accrue therefrom. Customer will be charged for a service rate in addition to any extra service call resulting therefrom.

5. POWER & WATER SOURCES FOR RESTROOM TRAILERS/WATER SYSTEMS:

With regard to restroom trailer or Pro-Flush water system service, Customer shall provide appropriate power and/or water source as indicated on Service Agreement at service site in advance of delivery. Customer is responsible for maintaining the availability of power and water resources and monitoring such throughout the duration of the service period. Failure to provide and maintain resources may result in additional time and materials charges, delayed delivery and/or subsequent damages, for which Customer accepts full responsibility.

6. DAMAGED OR LOST EQUIPMENT:

- Customer acknowledges that he has had an opportunity to personally inspect the sanitation Equipment, finds it suitable for his needs and in good condition, and that he understands its proper use.
- Customer must notify the Company immediately and discontinue use of the Equipment if the units become unsafe or in disrepair for any reason. Company is not responsible for any incidental or consequential damages caused by delays or otherwise.
- No alterations to Equipment permitted unless approved by Company in writing.
- Customer agrees to pay for any damage to or loss of the goods, as an insurer regardless of the cause, except reasonable wear and tear, while Equipment is out of the possession of the Company. The cost of the repairs will be borne by the Customer, whether performed by the Company or at the Company's option, by others. Equipment damaged beyond repair will be invoiced at replacement cost. Customer agrees to accept Company's decision regarding reparability.

7. DAMAGE WAIVER:

- Unless damage waiver provision is declined, Company agrees, in consideration of an additional charge, to modify responsibilities of the Customer detailed in paragraph 6 regarding Equipment damaged, destroyed, lost or stolen while in the Customer's possession or control. In consideration of damage waiver fee and unit replacement schedule listed below, Customer is responsible for a portion unit replacement cost in case of damage to, destruction of, or theft of the units with the exception of damage or loss due to Customer's neglect or misuse.
- Damage waiver fees are assessed as a one-time charge for events and as a recurring charge per billing period for routed Equipment.

DAMAGE WAIVER FEE SCHEDULE							
Unit Type	Basic	Standard	Deluxe	Handicap	ADA	Handwash	San-Stand
Waiver Fee Per Unit	\$10	\$20	\$20	\$20	\$20	\$10	\$10
Discounted Replacement	\$150	\$200	\$200	\$200	\$250	\$150	\$100
Total Replacement	\$650	\$850	\$1,400	\$1,500	\$1,800	\$800	\$300

- Damage waiver provision is not available on Pro-Flush water systems or restroom trailers.
- In order for damage waiver to be effective and as a condition thereto, Customer agrees that he/she shall report all loss and/or damage to the police department, obtain a copy of the police report issued and deliver such report to Company within 14 days of the date of loss or damage.
- Notwithstanding the foregoing, Customer agrees that this damage waiver provision shall not relieve Customer of its obligation to obtain and maintain public liability insurance.

8. WARRANTIES:

THERE ARE NO WARRANTIES OF MERCHANTABILITY, OR FITNESS, EITHER EXPRESSED OR IMPLIED. There is no warranty that the Equipment is suited for Customer's use, or that it is free from defects.

9. HOLD HARMLESS:

Customer agrees to assume the risks associated with use of Company Equipment and services. Customer further agrees to hold Company harmless for any and all claims or lawsuits associated with service or Equipment, including claims against Customer by a third party. Company shall not be liable for any property damage, personal injury, loss of profits, interruptions of business, out-of-pocket expenses or any direct, indirect, special, consequential, punitive, exemplary, or incidental damage, however caused, whether based on contract, tort (including negligence), strict liability, warranty, or any other basis arising out of, or connected with this agreement, or the use of any service furnished hereunder.

10. INDEMNITY:

Customer agrees to indemnify and reimburse Company for any and all claims, damages, or liabilities of any kind arising out of the use of the Equipment by Customer, Customer's agents, or any third party, including claims, damages, or liabilities arising from Company's negligence, and Customer further agrees to indemnify and reimburse Company for any and all claims, damages, or liabilities arising out of any breach of this contract by Customer.

11. LIMIT OF SERVICE SANITATION'S LIABILITY:

Service Sanitation's aggregate liability under this agreement shall not exceed the amounts paid to Service Sanitation in connection with agreement.

12. DURATION AND CANCELLATION:

No pro-rata adjustment is made for partial use. Unless agreed upon in writing or unless specific retrieval date is listed on the Service Agreement, the minimum billing period is 4 weeks. A delivery must be cancelled in writing at least 24 hours in advance to avoid a cancellation fee. Deliveries cancelled with less than 24 hour notice and deliveries cancelled on arrival will be charged full amount listed on service agreement. Deposits remitted for restroom trailers will be forfeited unless written notification of cancellation is provided 30 days prior to delivery date.

13. LATE PAYMENT / COLLECTION COSTS:

All charges are payable in full with no privilege to pay in installments. Past due amounts are subject to 18% APR. Customer is also obligated to reimburse Company for all costs/expenses incurred in the collection of fees for service, including without limitation, collection, attorneys' fees and court costs.

14. DEFAULT:

If the Customer fails to pay any service payment or other charge due, perform any of its other obligations, Company, without notice, shall have the right to terminate the agreement immediately, to take possession of any or all of its property without any legal process, to enter Customer's premises to take such possession, or pursue any other remedy at law or equity. All such remedies shall be cumulative and may be exercised concurrently.

15. NONWAIVER & SEVERABILITY:

No provision of this contract can be waived except by the written consent of Company. Failure by Company to enforce any provision shall not constitute waiver of provision. The provisions of this agreement shall be severable so that invalidity, unenforceability, or waiver of any provision(s) shall not affect remaining provisions.

16. GOVERNING LAW:

This agreement shall be governed by the laws of the State of Illinois.

I hereby accept the terms and conditions of this agreement. If accepting on behalf of an organization, I certify that I am an authorized signatory for said company.

Please select ONE of the following options:

- I have read the terms and conditions and **ACCEPT** the damage waiver.
 I have read the terms and conditions and **DECLINE** the damage waiver.

Signature: _____

Printed Name: _____

Company Name: _____

Date: _____ Customer #: **50-101276**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2016

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 David M. Kulawiak, Inc David M. Kulawiak, Inc 630 Hull Terrace, 3E Evanston IL 60202		CONTACT NAME: PHONE (A/C, No, Ext): (844) 828-5576 x FAX (A/C, No): 4/1/2017 E-MAIL ADDRESS: david@davidkconsulting.com ADDRESS: 8569880	
INSURED Long Grove Arts and Music Council 6324 Valley View Lane Long Grove IL 60047		INSURER(S) AFFORDING COVERAGE INSURER A: ANI-RRG NAIC # 10233 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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	X	X	2016-36461	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			2016-36461	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR 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		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers Liquor Liability			2016-36461 DO 2016-36461	4/1/2016	4/1/2017	Each Wrongful Act \$1,000,000 Each Wrongful Act \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is recognized as additional insured.

CERTIFICATE HOLDER

Long Grove Business and Community Partners
 308 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.

N. All rights reserved.

Towner Properties, LLC

4110 Three Lakes Dr.
Long Grove, IL 60077

April 29, 2016

To: Long Grove Arts & Music Council

From: Towner Properties, LLC.

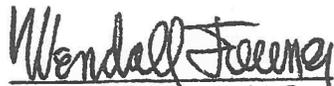
Re: Use of Towner Green

This letter grants permission to the Long Grove Arts Music Council to have six Sunday concerts on the Towner Green during the summer of 2016. In addition this permission includes the LG Artists Guild Artists & Authors Event on Saturday, September 17, 2016

The Long Grove Arts & Music Council will provide proof of liability insurance in the amount of \$1,000,000.00 naming Towner Properties LLC, Melvin and Dolores Towner, as additional insured. -W.T.

The Long Grove Arts & Music Council will also provide multiple restrooms for concert goer's use.

Thank You,



Towner Properties, LLC



Long Grove Arts & Music Council