

LONG GROVE B1 HISTORIC BUSINESS DISTRICT

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECK LIST

Long Grove Arts & Music Council – Summer Concert Series 7/5 – 8/23

X	Event Application	
X	Site Plan	
	Property Owner Permission	Need to submit written property owner permission
X	COI & Waiver Certificates	
	Roads & Barricades	
	Security & Sheriff	
X	Signage	
X	Electrical	
	Vendors & Support Docs.	
	Temp Liquor License App.	
	App. To Conduct Raffle	
	Applicable Fees	Pending Tent inspection \$25/Village Permit
X	Date & Time	

Reviewed by LGBCP Events Committee: 2/11/15 Approved Rejected
Pending Property Owner Permission

Reviewed by LGBCP Board: ___/___/___ Approved Rejected

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

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 Long Grove Arts + Music Council

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
- Vendors & Support Docs.
- Temp. Liquor License App.
- App. To Conduct Raffle
- Applicable Fees

FOR OFFICE USE ONLY

Received by LGBCP 2, 14, 15

Approved Rejected 2, 17, 15
by LGBCP Board of Directors

Submitted to Village Hall 1/1

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: LGAMC Summer Concert Series 2015 Location(s) in the B1 District: Fountain Square

Description/Type of Event:

Music Concerts

Estimated Number of Attendees 400 per Estimated Number of Vendors 1

Event Date / Dates & Time: 8 SUNDAYS beginning July 5 - August 23

Day 1 - Date: SUNDAYS Hours: 4pm to 6pm

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date SUN Hours: 10am to 4pm Dismantling - Date SUN Hours 6pm to 7:30pm

EVENT ORGANIZER: Long Grove Arts & Music Council

Street Address: 6324 RFD City: Long Grove State: IL Zip: 60047

Phone Number: 847 722 8989 Fax Number: _____

Contact Person: Tobin Fraley Phone Number: SAME

E-mail Address: info@lgamc.org

Include with this application:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).
2. **PROPERTY OWNER** written permission.
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming both of the following as "additionally insured":
 - Long Grove Business and Community Partners
 - 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. *NO CLOSURES. NECESSARY.*

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	# <u>NONE</u>	Hours _____ to _____
B. Traffic officers / Reserves	# <u>NONE</u>	Hours _____ to _____
C. Parking Assistance	# <u>NONE</u>	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	<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 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** - 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 type="checkbox"/> Other (specify) Fomecore Signs

Use of the LGBCP logo requires proof and approval by the LGBCP Mktg. Committee. Inclusion on LGBCP's Web-site, Press Releases and Newsletters requires written request, and may be subject to fees. LGBCP Contact Info: info@visitlonggrove.com

8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, etc. *SOUND EQUIPMENT WILL BE SET UP EACH SUN. PRIOR TO CONCERT. GROUPS WILL RANGE ANYWHERE FROM 1 MUSICIAN TO PERHAPS AS MANY AS 6. THE MUSICIANS WILL BE UTILIZING THE SUNSET PAVILLION IN FOUNTAIN SQUARE.*

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			<i>TBD</i>	
Trash Pickup, Walks, etc.			<i>Waste Management</i>	
Music / Staging	<i>8</i>		<i>Bands 1 per day</i>	
WhiteTents, Rental, Labor	<i>2</i>			
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.**

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

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

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

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

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

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

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

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

WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

INDEMNITY AND DEFENSE

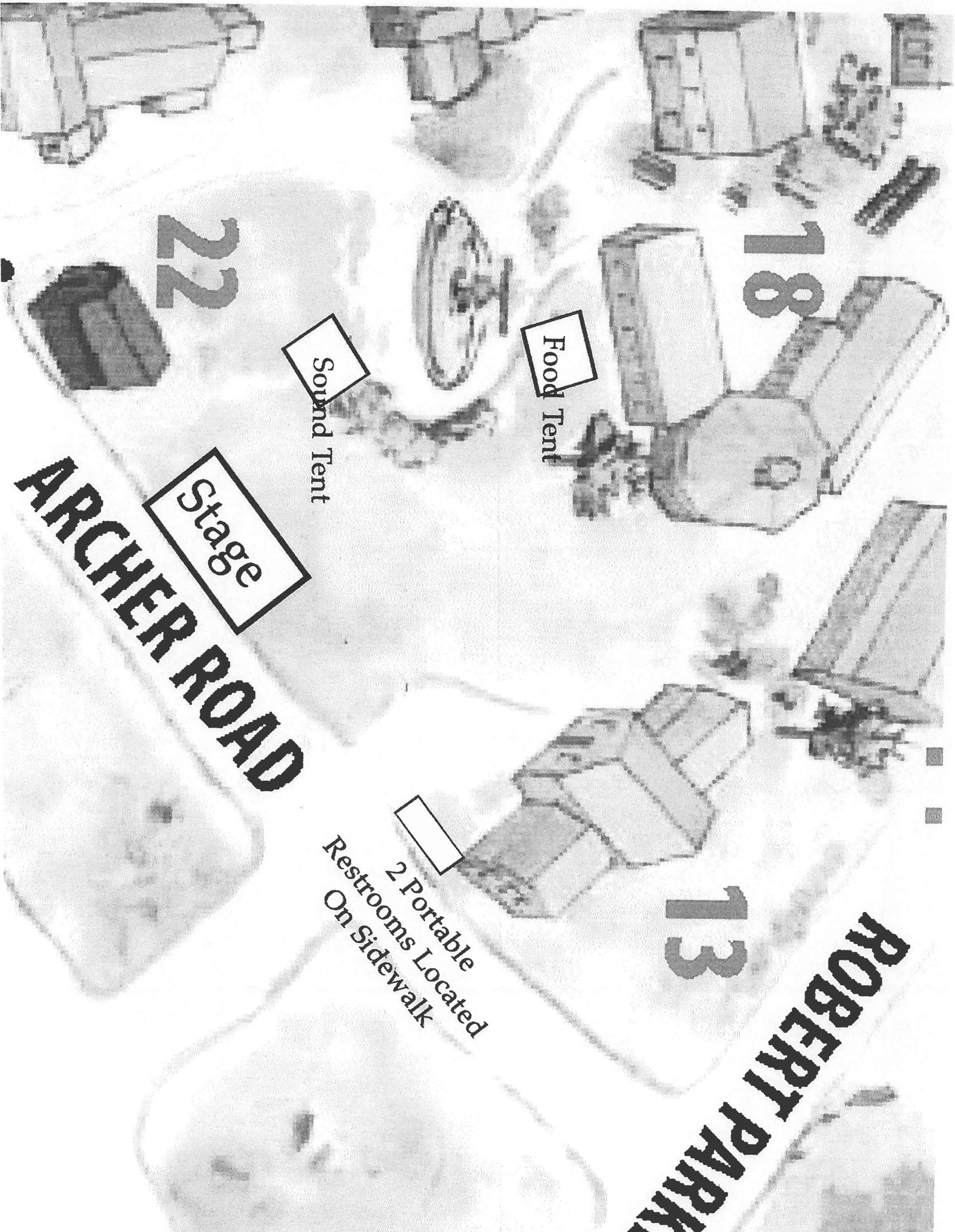
I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected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

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

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

LGBCP Board Approval _____
Events Committee Chair Signature Date / /

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



22

18

13

ARCHER ROAD

ROBERT PARK

Stage

Sound Tent

Food Tent

2 Portable Restrooms Located On Sidewalk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2015

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).

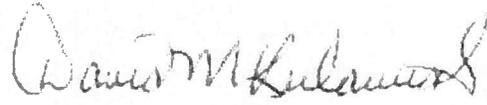
PRODUCER David M. Kulawiak, Inc David M. Kulawiak, Inc 530 Hull Terrace. 3E Evanston IL 60202	CONTACT NAME:		FAX (A/C, No):	4/1/2016
	PHONE (A/C, No, Ext):	(844) 828-5576 x		
	E-MAIL ADDRESS:	david@davidkconsulting.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #	10233
	INSURER A:	ANI-RRG		
	INSURER B:			
	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.

VS ^R TR	TYPE OF INSURANCE	ADD'L SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY		2015-36461	4/1/2015	4/1/2016	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
V	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GENL AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
V	AUTOMOBILE LIABILITY		2015-36461	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS V HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATU- TORY LIMITS E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Directors & Officers		2015-36461	4/1/2015	4/1/2016	Each Wrongful Act \$1,000,000
	Liquor Liability		2015-36461			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 Village Of Long Grove 3110 Old McHenry Road Long Grove, IL 60047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 
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N. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2015

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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 E-MAIL: david@davidkconsulting.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ANI-RRG INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 4/1/2016 NAIC # 10233
INSURED Long Grove Arts and Music Council 6324 Valley View Lane Long Grove IL 60047		

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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			2015-36461	4/1/2015	4/1/2016	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			2015-36461	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB 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						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers Liquor Liability			2015-36461 2015-36461	4/1/2015	4/1/2016	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.



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 Long Grove Business and Community Partners (LGBCP) **and** the Village of Long Grove:

Information Center
 307 Old McHenry Road
 Long Grove, IL 60047

 847-634-0888
 Fax: 847-634-3673
 infocenter@longgrove.org

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

Submittal Date: February 2, 2015 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Long Grove Arts & Music Council Summer Concert Series 2015

Description/Type of Event: Music Concerts

Event Date: 8 Sundays beginning July 5 through Aug 23 Hours: 4pm to 6pm

Set Up for Event

Date: Sundays

Hours: 10am to 4pm

Dismantling of Event

Date: Sundays

Hours: 6pm to 7:30pm

Estimated Number of Attendees: 400 per event

Estimated Number of Vendors: 1

Sponsoring Organization: Long Grove Arts & Music Council

Street Address: 6324 RFD

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-722-8989 Fax Number: _____

Contact Person: Tobin Fraley Phone Number: same

E-mail Address: info@lgamc.org

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). Please note the portable restrooms will be located on sidewalks (not blocking) on LG Village property.
- 2. Written permission from property owners Verbal permission has been granted. Waiting for written.
- 3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured. Included with this application
- 4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. No roadway closures necessary.
- 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 0 Hours to
 B. Traffic officers 0 Hours to
 C. Parking Assistants 0 Hours to

- 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) _____

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.

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

Newspapers Cable T.V. Internet
 Newsletters Commercial T.V. Radio
 Direct Mailings Trade Magazines Other (specify)

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

Sound equipment will be set up each Sunday prior to the concert. Groups will range anywhere from one musician to perhaps as many as six. The musicians will be utilizing the Sunset Foods Pavillion in Fountain Square

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms		To Be Decided		
Waste Disposal/Garbage		Waste Management		
Tents	2			
Music	8 bands, one per day			
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.
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.***

The only vendor is the Long Grove Arts & Music Council. Food and beverages will be served from a tent located on the property. In accordance with Illinois State law, the baked goods are created in a home kitchen and all proceeds go directly to the LGAMC. Beverages are donated by Beans & Leaves Coffee House in Long Grove.

* 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 “Administration.”

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

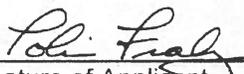
I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that 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.

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

 - Tobin Fraley

Signature of Applicant

February 2, 2015

Date

Director - Long Grove Arts & Music Council