

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECK LIST

Strawberry Fest

June 26, 27, 28, 2015

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

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

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

Reviewed by Village Board of Trustees: / / Approved Rejected

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

LGBCP

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

OTHER _____

Applications should be sent to:

Long Grove Business and Community Partners (LGBCP)

308 Old McHenry Road

Long Grove, IL 60047

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

info@visitlonggrove.com

OFFICE USE ONLY

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

FOR OFFICE USE ONLY

Received by LGBCP 1, 20, 15

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

Submitted to Village Hall 2, 20, 15

Approved Rejected 1, 1, 1
by Village Board of Trustees

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

EVENT INFORMATION

Event Name: Strawberry Festival

Location(s): B1 District

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

Estimated Number of Attendees: 20K

Estimated Number of Vendors: 75

Event Date / Dates: June 26, 27, 28, 2015

Day 1 - Hours: 10am to 10pm

Day 2 - Hours: 10am to 10pm

Day 3 - Hours: 10am to 7pm

Set Up - Date June 25 Hours: 6am - 10pm

Dismantling - Date June 28 Hours: 6pm to 12pm

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

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

Phone Number: 847.634.0888 Fax Number: 847.634.3673

Contact Person: Sharon Fine Phone Number: 847.609.0407

E-mail Address: sfine@visitlonggrove.com

Additional Information

Include with this application the following:

1. **SITE PLAN** of all areas of the B-1 District covered by the event. Include sanitary facilities and auxiliary parking lots (if applicable).
2. **PROPERTY OWNER** written permission.
3. **CERTIFICATE OF INSURANCE / WAIVER OF SUBROGATION** naming both of the following as "additionally insured":
 - Long Grove Business and Community Partners
 - Village of Long Grove
4. **ROADS & BARRICADES** - Indicate the areas of the roadway and parking that will need to be closed and barricaded for this event. (Fees may apply)
5. **SECURITY and SHERIFF'S RESERVES** - Provide the estimated number of security and Sheriff Reserves needed and the times for each. (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	RES Event Mgmt.	Hours _____	to _____	
B. Traffic officers / Reserves	Yes	Hours _____	to _____	
C. Parking Assistants	No	Hours _____	to _____	
6. **SIGNAGE** - Indicate whether there will be any of the following:
 (Before ordering banners or temporary signs, signage must be approved by the LGBCP and the Village Planner). Contact info: LGBCP – info@visitlonggrove.com / Village Planner – jhogue@longgrove.net

A. Banners	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C. Other Signage (specify)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "yes," provide a design, location, time to be placed and written permission of the owner(s) where these items will be placed.
7. **PR & ADVERTISING** - Indicate promotional materials & advertising to be used (check all that apply):
 Use of the Long Grove Business & Community Partners logo requires proof and approval.

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

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

Service	Contact	Company	Address	Phone
Sanitation / Porta Potties		RES / Waste		
Waste Disposal		RES / Waste		
Trash pickup, walkways, etc.		RES Mgmt.		
Music / Staging		RES Mgmt		
White Tents, Rental, Labor		RES Mgmt		
Other				

10. ALL OUTSIDE VENDORS must

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

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

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

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

ACCESS TO “OWNER OF EVENT” APPLICATIONS / LICENSES

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

FEE GUIDELINES

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

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

NOTE: LGBCP OWNED EVENTS

Vendors/Merchants/Sponsors participating in LGBCP Events must submit a Vendor Application.
Contact 847.634.0888 or info@visitlonggrove.com for a Vendor Application

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

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

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

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

WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

INDEMNITY AND DEFENSE

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

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

I have read and understand the above

Sharon Fine
Signature of Applicant

1/19/15
Date



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

COVERAGES CERTIFICATE NUMBER: CL1513002512 REVISION NUMBER:

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

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

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

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