

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECK LIST

Free Veterans Concert and Pig Roast

7/26/15

11AM-8PM

X	Event Application	
X	Site Plan	
X	Property Owner Permission	
X	COI & Waiver Certificates	Expires 4/14/15 <i>AWAKE -</i> <i>OK-MAIL</i>
N/A	Roads & Barricades	
N/A	Security & Sheriff	
X	Signage	
X	Electrical	
X	Vendors & Support Docs.	Dorflers (roasting pig) VFW SISI (providing free crafts)
N/A	Temp Liquor License App.	
X	App. To Conduct Raffle	Attached to Application
	Applicable Fees	
X	Date & Time	7/26 11AM-8PM

Reviewed by LGBCP Events Committee:

7/11/15

Approved Rejected

PENDING FEES - VILLAGE / TENT INSPECTION \$25 / PERMIT LICEN

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 The Village Tavern

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 1/1/15

Approved Rejected 1/1/15
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: Free Veterans Concert & Pig Roast Location(s) in the B1 District: Village Tavern

Description/Type of Event: 40x80 tent in Tavern parking lot.

Raffle 7/1 - 7/26 to benefit veterans. (VFW 5151)

Estimated Number of Attendees 700-800

Estimated Number of Vendors 1 (Dorflers donating time)

Event Date / Dates & Time: 7/26

Day 1 - Date: 7/26 Hours: 11am to 8pm

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date 7/24 Hours: 7am to 11pm Dismantling - Date 7/27 Hours: 7am to 10am

EVENT ORGANIZER: The Village Tavern

Street Address: 135 Old McHenry Rd. City: Long Grove State: IL Zip: 60047

Phone Number: 847 634 3117 Fax Number: _____

Contact Person: MaryANN Ullrich Phone Number: Same

E-mail Address: longgrovevt@gmail.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
 - 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 # NONE Hours _____ to _____

B. Traffic officers / Reserves # NONE Hours _____ to _____

C. Parking Assistance # NONE Hours _____ to _____

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

A. Banners Yes No

B. Temporary Signs Yes No

C. Other Signage (specify) Yes No

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

7. **PR & ADVERTISING** - check all that apply:
 - Newspapers Cable T.V. Internet
 - Newsletters / e-blasts Commercial T.V. Radio
 - Direct Mailings Trade Magazines Other (specify) Fomecore Signs

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

8. **ELECTRICAL NEEDS** - Provide specifics as to mechanical or electronic rides, demonstrations, displays, music, etc.. *Dorfifers roasting the pig.*
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. *VFW SIS providing free crafts to veterans and supporting event. MUSIC 12:00 - 8pm.*

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets	2		Waste Management	
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tents, Rental, Labor	1	Chris	Jacks Tents	847.775.1850
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

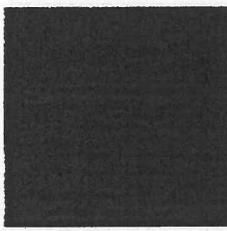
I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected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



Application for License to Conduct Raffles

1. Name of Organization:
Address:

The Village Women
135 W. Main Street
Long Grove, IL

2. Organization Representative:

Patricia A. ...

3. Telephone Number of Representative:

4. Type of Organization

Religious Charitable Labor Educational
Business Fraternal Veterans Governmental

5. Date and location in which raffle chances will be sold and raffle drawing will occur:

	<u>Raffle Date</u>	<u>Raffle Location</u>	<u>Drawing Date</u>	<u>Drawing Location</u>
1.	<u>7/11/11</u>	<u>The Village Women</u>	<u>7/11/11</u>	<u>The Village Women</u>
2.				
3.				
4.				

6. Please answer the following yes or no questions:

- | | | | |
|----|---|-------------------------------------|-------------------------------------|
| | | Yes | No |
| a. | Has the organization been in existence longer than 5 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. | Does the aggregate retail value of prizes exceed \$100,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. | Does the maximum retail value of each prize exceed \$50,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. | Will the maximum price of a raffle ticket exceed \$500? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. | Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Other reasons explain: _____ | | |
| f. | Is the person conducting the raffle bonded by a \$10,000 bond? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. | Are you seeking a waiver of the raffle manager bond requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governing the conduct of raffles.

Patricia A. ... 7/11/11 Patricia A. ... _____
Signature of Organization Officer Date Signature of Secretary Date

Approved by the Village of Long Grove:

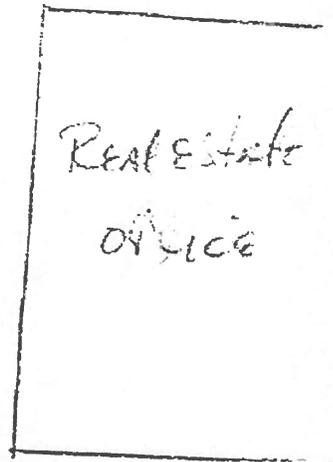
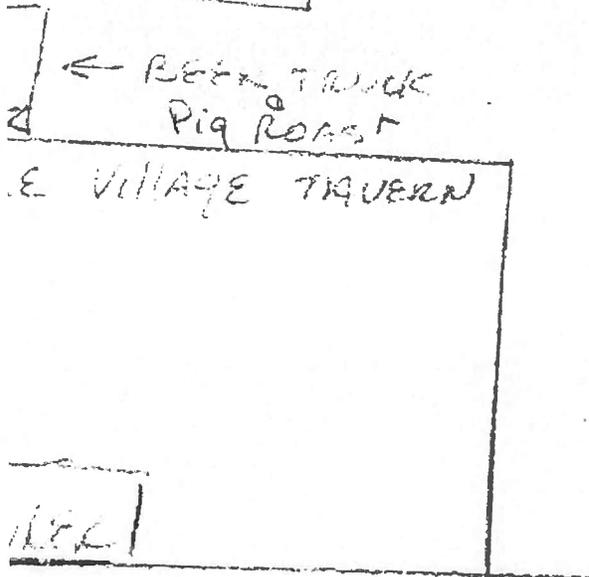
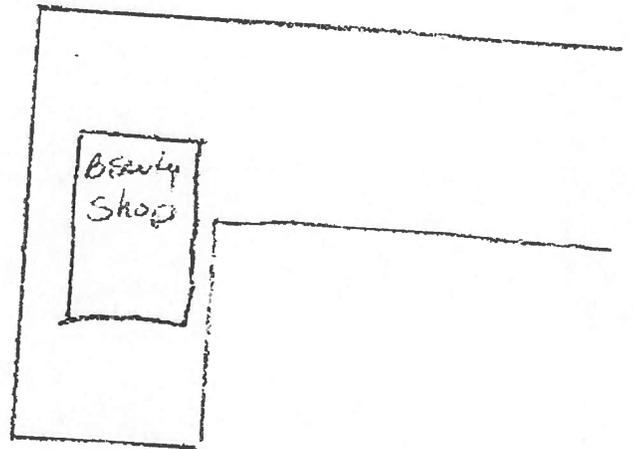
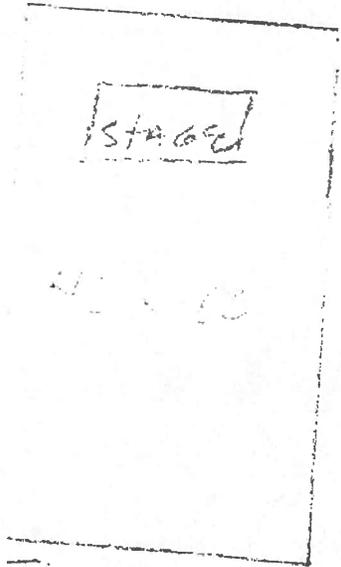
Signature of Village President Date Signature of Village Clerk Date

THE 1900 BOOZE, BRAWL & BLOOD

CONCERT

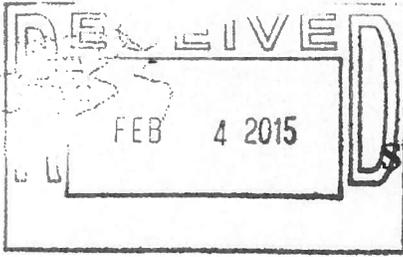
* in white - Blue Feather flag

BANNER ON FRONT PORCH ONE WAY PARK
TO THE EVENT



ONE WAY





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: 2/4/15 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): FREE VETERANS CONCERT & PIG ROAST

Description/Type of Event: 40 x 20 TENT IN TAVERN PARKING LOT
RAFFLE 7/1 TO 7/26 - TO BENEFIT VETERANS (5151)

Event Date: 7/26 Hours: 11 AM to 8 pm

Set Up for Event

Date: 7/24
Hours: 7 AM to 11 pm

Dismantling of Event

Date: 7/27
Hours: 7 AM to 10 AM

Estimated Number of Attendees: 700-800

Estimated Number of Vendors: 1
DOEFLERS - DONATING TIME

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: 5151 Fax Number: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

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
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured.
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies.
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	_____	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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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):

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

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

DORFLENE - ROASTING THE PIG
VFW 5151 - PROVIDING FREE CRAFTS TO VETERANS
& SUPPORTING EVENT
MUSIC 12:00 TO 3:00 PM

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	2	WASTE MANAGEMENT		
Waste Disposal/Garbage				
Tents	Chris	LACKS TENTS		SAME
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.
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 "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.

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

2/4/15
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/4/2015

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 T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076 INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047	CONTACT NAME: Dorota Maciasz PHONE (AG, H, F): (847) 679-7350 FAX (AG, H): (847) 679-7361 E-MAIL ADDRESS: dorota@tacummings.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Illinois Casualty Company</td> <td style="text-align: center;">15571</td> </tr> <tr> <td>INSURER B: Accident Fund Insurance</td> <td style="text-align: center;">10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Illinois Casualty Company	15571	INSURER B: Accident Fund Insurance	10166	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 2014-2015

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. TYPE	TYPE OF INSURANCE	ACCT. SUBR. INSR. W/O	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	BP34982	4/14/2014	4/14/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. YEAR <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Pr one person) \$ 5,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGE \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		BP34982	4/14/2014	4/14/2015	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000		DL15011	4/14/2014	4/14/2015	<input checked="" type="checkbox"/> CCCLR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
R	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ANALYST EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCV6040100	1/24/2015	2/24/2015	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH. ER. EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
A	<input type="checkbox"/> LIQUOR LIABILITY		LI96684	4/14/2014	4/14/2015	LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/26/15 to 6/28/15. Bocce & Blues and Free Veterans Concert July 25th, 2015 & July 26th, 2015. Oktoberfest & Hay Rides the weekends of September 5th to 7th, 2015 September 12th & 13th, 2015 and September 19th & 20th, 2015. Apple Fest September 26th & 27th, 2015.
 The Village of Long Grove and the Long Grove Business and Community Partners are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

The Village of Long Grove 3110 Old McHenry Rd Long Grove, IL 60047	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 Scott Cummings/MAC100 <i>Scott Cummings</i>
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