VISITORS' BUSINESS:

Special Event & Temporary Signage:

Beans & Leaves - Summer Outdoor Live Music

LONG GROVE B1 HISTORIC BUSINESS DISTRICT

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED
MAY 21 2015
VILLAGE OF LONG GROVE

Beans & Leaves Coffee & Tea – Music (LIVE) Outdoors
May – October 2nd & 4th Fridays, Saturdays & Sundays
Fridays & Saturdays: 3pm – 5pm / Sundays: 2pm – 4pm

X	**Event Application**	Received 5/1/15
X	**Date & Time**	May – October 2nd & 4th Fridays, Saturdays & Sundays
X	**Site Plan**	Attached
X	**Property Owner Permission**	Attached
	COI & Waiver Certificates	NEED ? DAVE ?
	Roads & Barricades	N/A
	Security & Sheriff	N/A
	Signage	
	Electrical	N/A (Using Beans & Leaves Electric)
	Vendors & Support Docs.	
	Temp Liquor License App.	N/A
	App. To Conduct Raffle	N/A
	Applicable Fees	To Be Determined.

Application Received: 5/1/15

Reviewed by LGBCP Events Committee: 5 / 6 / 15 ☒ **Approved** ☐ **Rejected**

Pending:

Reviewed by LGBCP Board: 5 / 19 / 15 ☒ **Approved** ☐ **Rejected**

Pending:

Reviewed by Village Board of Trustees: ____/____/____ ☐ **Approved** ☐ **Rejected**

Pending:

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.**

RECEIVED
MAY 21 2015
VILLAGE OF LONG GROVE

☒ **LGBCP**

☐ **OTHER** _____

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

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

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, 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: Music (Live) outdoors Location(s) in the B1 District: Beans & Leaves.

Description/Type of Event:
Live Music outdoors @ Beans & Leaves
2nd & 4th Fridays / Saturdays 3-5 & Sundays 2-4pm)

Estimated Number of Attendees Estimated Number of Vendors

Weather permitting from May - October

Event Date / Dates & Time:

Day 1 - Date: _____ Hours: _____ to _____

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date _____ Hours: _____ to _____ **Dismantling** - Date _____ Hours _____ to _____

EVENT ORGANIZER: Beans & Leaves Coffee & Tea
Street Address: 320 Old McHenry City: Long Grove State: Il. Zip: 60047
Phone Number: (312) 451-6766 Fax Number: _____
Contact Person: Ethel Berger Phone Number: 847-821-0011
E-mail Address: ethelrberger@gmail.com

Long Grove Business and Community Partners (LGBCP)
A 501c3 Not For Profit Organization
308 Old McHenry Road, Long Grove, IL 60047
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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 #_____ 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.

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..

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.				
Music / Staging				
WhiteTents, Rental, Labor				
Other				

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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 "Forms."

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

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

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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 _____ 05/01/2015
Signature of Applicant — Date

LGBCP Board Approval Marsi Wind _____ 5/19/15
Events Committee Chair Signature — Date

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

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NEW MIDWEST CAPITAL, LLC

March 25, 2015

To Whom This Matter Concerns,

This letter is to approve Ethel Berger's use of the property located at 318-320 Old McHenry Road in Long Grove, IL to provide outdoor music for the public. If there are any further questions, please do not hesitate to contact me.

Thank you in advance for your cooperation,

Mr. Ken Siwieck

847-420-1785

1111 WILLIS AVENUE WHEELING, ILLINOIS 60090 TEL: 847-541-6215 FAX: 847-520-7268