

**Visitors' Business:**  
**Special Events & Signage:**  
*Rotary Heritage Run/Walk - September 12, 2015*

**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 \_\_\_\_\_

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](mailto: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, 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: Long Grove Heritage 5K Run/3K Walk Location(s) in the B1 District: Downtown Long Grove Kildeer Countryside School  
Description/Type of Event:

5K Run/3K Walk, Pancake Breakfast

Estimated Number of Attendees 1,000

Estimated Number of Vendors 0

**Event Date / Dates & Time:**

Day 1 - Date: 09/12/2015 Hours: 7:00am to 11:00am

Day 2 - Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Day 3 - Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Set Up - Date 09/11/15 Hours: 4pm to 9pm Dismantling - Date 09/12/15 Hours: 11am to 2pm

EVENT ORGANIZER: Rotary Club of Long Grove, Kildeer, Hawthorn Woods

Street Address: PO Box 111 City: Long Grove State: IL Zip: 60047

Phone Number: 847 489 9175 Fax Number: 847 968 4866

Contact Person: Sara Knight Phone Number: 847 489 9175

E-mail Address: Sara.knight@strataearth.com

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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](mailto: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. *Facility Application Submitted 03/04 (see attached) w/ approval.*
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	# <u>0</u>	Hours _____ to _____
B. Traffic officers / Reserves	# <u>0</u>	Hours _____ to _____
C. Parking Assistance	# <u>0</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@visitolonggrove.com](mailto:info@visitolonggrove.com) / Village Planner - [jhoque@longgrove.net](mailto:jhoque@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 checked="" type="checkbox"/> Cable T.V.	<input checked="" type="checkbox"/> Internet
<input type="checkbox"/> Newsletters / e-blasts	<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) 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@visitolonggrove.com](mailto:info@visitolonggrove.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		Michael Brink	Waste Management	
Waste Disposal		" "	" "	
Trash Pickup, Walks, etc.		Sara Knight	Rotary Club	847-489-9175
Music / Staging		" "	" "	
White Tent, Rental, Labor		Lindsey Kraabel	Rent Pite	847-640-8860
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](http://www.illinois.gov/license.cfm).\*\*

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\* Vendor Applications can be found on the LGBCP web-site @ [visitlonggrove.com](http://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](http://longgrove.net), under "Forms."  
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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: _____	\$ _____
<b>TOTAL FEES</b>	<b>\$ _____</b>

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

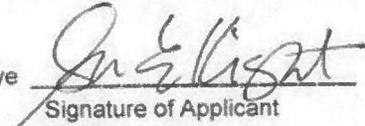
I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with,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

03/04/2015  
Date

LGBCP Board Approval \_\_\_\_\_

Events Committee Chair Signature

\_\_\_\_\_  
Date

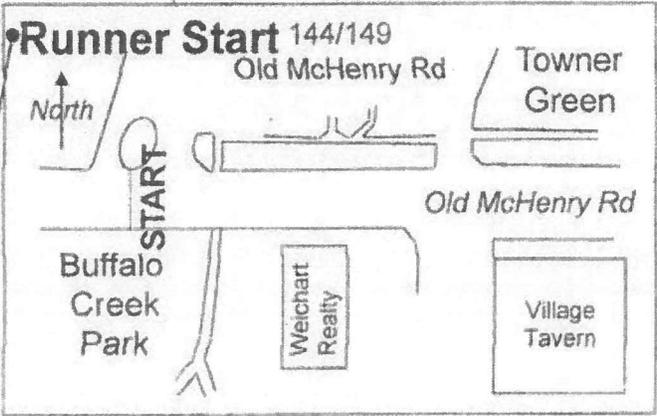
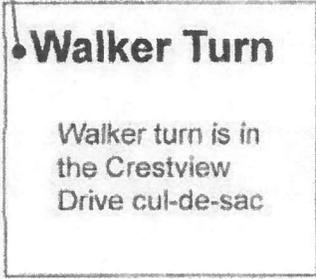
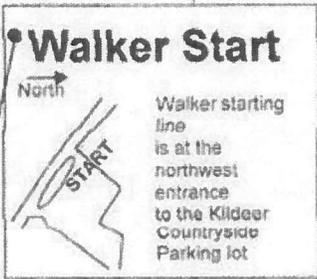
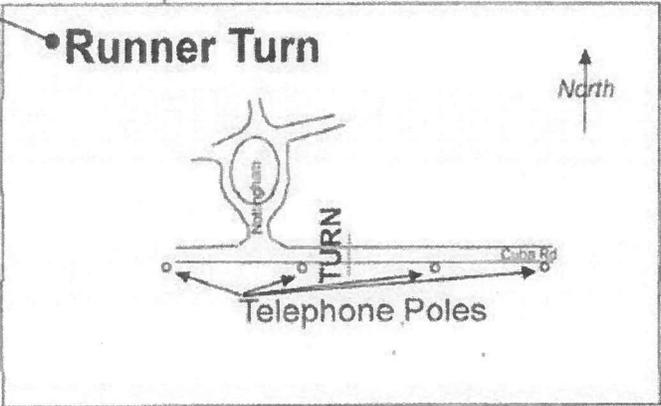
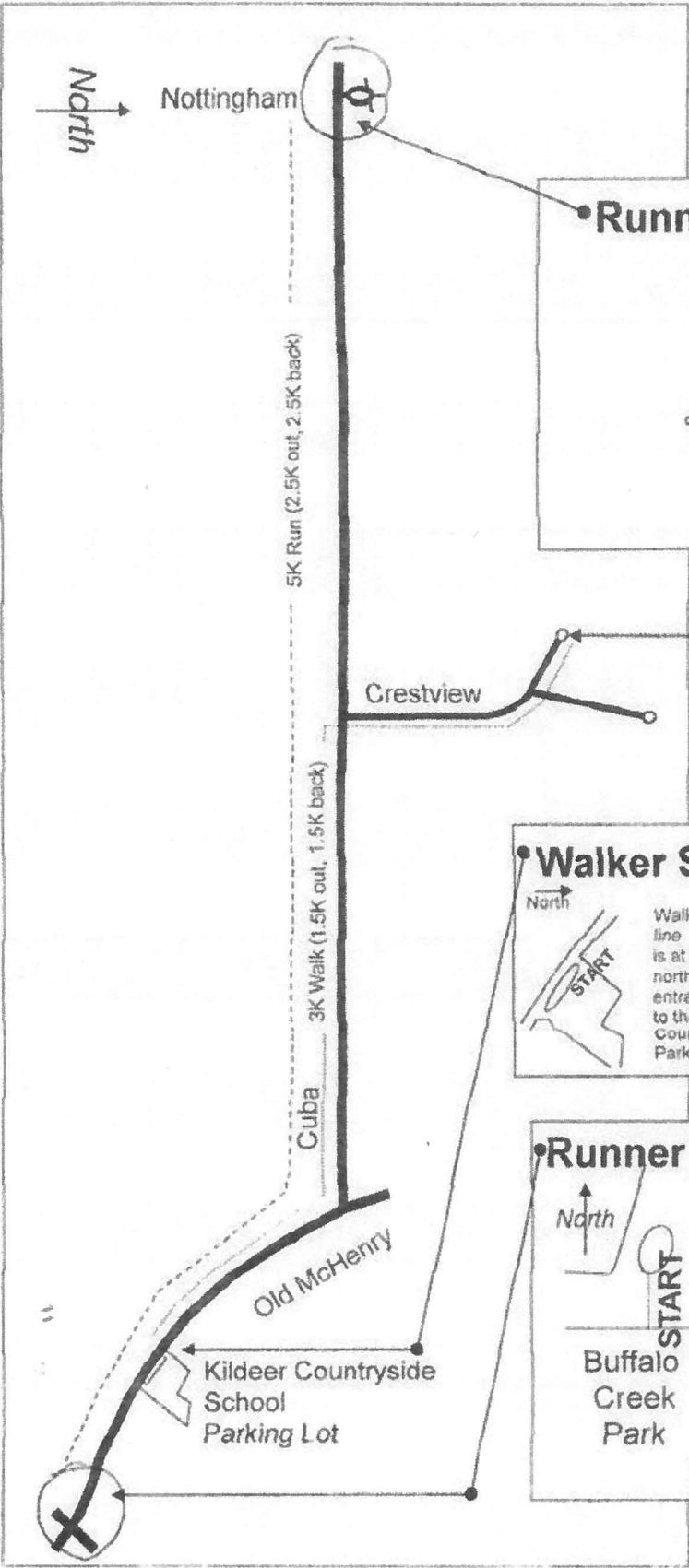
Village Board of Trustees Approval \_\_\_\_\_

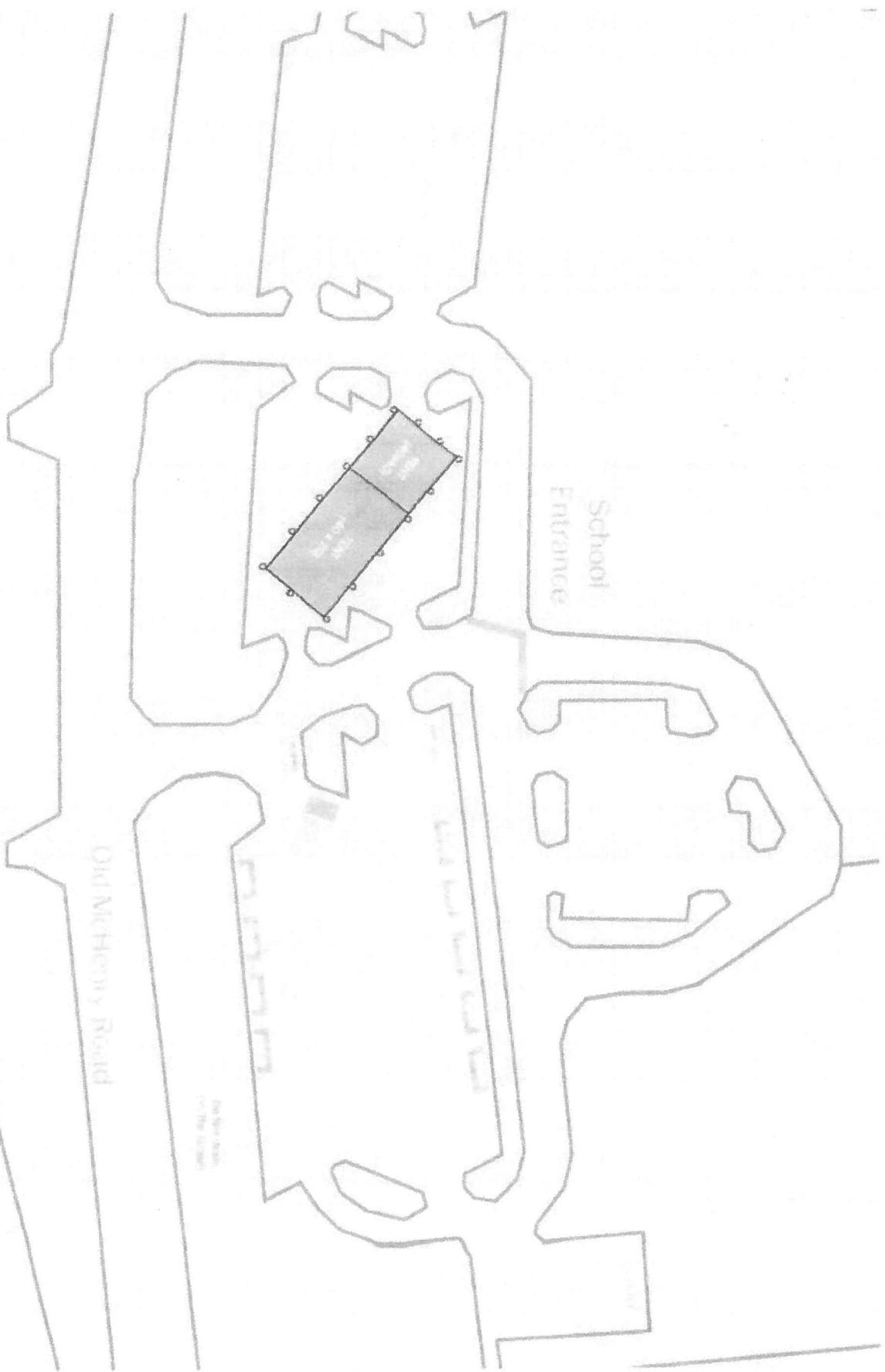
Village Representative Signature

\_\_\_\_\_  
Date

# SITE PLANS

# Long Grove Heritage 5K Run, 3K Walk Course Layout





School  
Entrance

Old McHenry Road

**Property Owner Permission  
(Submitted 03/04/2015)**

**From:** Gwen Nelson [gnelson@kcsd96.org](mailto:gnelson@kcsd96.org)  
**Subject:** Re: Heritage Race Facilities Application  
**Date:** March 4, 2015 at 2:40 PM  
**To:** Sara Knight [sara.knight@strataearth.com](mailto:sara.knight@strataearth.com)



Hi Sara,  
Thank you for your facility request for September at Kildeer Elementary. I have booked you. Thank you.  
Gwen

On Wed, Mar 4, 2015 at 2:15 PM, Sara Knight <[sara.knight@strataearth.com](mailto:sara.knight@strataearth.com)> wrote:  
Good Afternoon, Gwen.

Attached is the application to use the Kildeer Countryside School for our Annual Heritage Race.

If you have any question, please let me know. Thank you in advance for your time to review this application.

Regards,

Sara Knight  
[sara.knight@strataearth.com](mailto:sara.knight@strataearth.com)  
cell: [847-489-9175](tel:847-489-9175)

--  
**Gwen Nelson**  
Administrative Assistant Business Office  
Kildeer School District 96  
847-459-4260 ext. 8001  
[gnelson@kcsd96.org](mailto:gnelson@kcsd96.org)

Rotary



Club of Long Grove, Kildeer,  
Hawthorn Woods

March 4, 2015

Kildeer Countryside Community Consolidated School District 96  
Attn: Gwen Nelson, Facilities Manager  
1050 Ivy Hall Lane  
Buffalo Grove, IL 60089

Dear Gwen,

Enclosed is the Facilities Use Application for September 11 and 12, 2015 for the Annual Heritage 5K Run and 3K Walk sponsored by the Rotary Club of Long Grove, Kildeer, Hawthorn Woods. As in past years, the event will be held on the streets of Long Grove and Lake County with the staging area being in the parking lot of the Kildeer Countryside School.

You will note the Certificate of Liability Insurance indicates the current insurance expires on July 1, 2015. The updated insurance certificate will be sent as soon as the policy renews July 1, 2015. In order to meet process the application, the current form is included. A copy of the application will also be sent to the Village of Long Grove.

Please call me at 847-489-9175 or e-mail me at [sara.knight@strataearth.com](mailto:sara.knight@strataearth.com) for additional information I may provide or questions I may answer.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Sara Knight". The signature is written in a cursive style with a large, sweeping "S" and "K".

Sara Knight  
Heritage Race Committee  
Rotary Club of Long Grove, Kildeer, Hawthorn Woods  
P.O. Box 111  
Long Grove, IL 60047

The Charitable Fund of the Rotary Club of Long Grove, Kildeer, Hawthorn Woods is a registered 501(c)(3) organization.

**KILDEER COUNTRYSIDE CCSD 96 – FACILITY USAGE  
REQUEST FOR WEEKDAYS AFTER 6PM AND WEEKENDS**

Name of Organization: The Rotary Club of Long Grove, Kildeer, Hawthorn Woods  
(if a scouting organization, please include the troop number)

Name and title of person in charge: Sara Knight, Heritage Race Committee

Bill to Address: P.O. Box 111, Long Grove, IL 60047

Main Contact Number: 847-489-9175 Alt. Contact Number: 847-968-4863

Email Address: Sara.knight@strataearth.com  Check here if you would like to be contacted via email

**School Requesting:**

**Kindergarten School:**  Willow Grove Kindergarten

**Elementary Schools:**  Country Meadows  Ivy Hall  Prairie  Kildeer

**Middle Schools:**  Twin Groves  Woodlawn

**Mandatory Insurance Requirements:**

**CERTIFICATE OF INSURANCE MUST HAVE THE FOLLOWING:**

**"KILDEER COUNTRYSIDE CCSD 96 NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR"**

CERTIFICATE IS ATTACHED

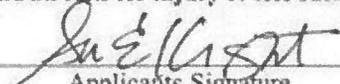
CERTIFICATE IS ON FILE

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE**

I have received a copy of the Rules Governing the Use of School Facilities and will abide by such rules as set forth by the Board of Education of Kildeer School District 96, 1050 Ivy Hall Lane, Buffalo Grove, IL 60089.

By signing this application, I agree that Kildeer School District 96 will be held harmless and I waive any liability claims against Kildeer School District 96 in agreement with the Hold Harmless paragraph set forth in the Rules and Regulations Governing the Use of School Facilities:

If the application is approved, the person and/or organization will assume responsibility for orderly and careful use of the school facilities. The applicants assume liability for damage or loss of property that may occur. The applicants will hold the Board harmless from claims arising out of the use of the school building or grounds for the function being sponsored on specified date or dates. **The sponsoring group is required to furnish a certificate of insurance to indemnify the group and the Board against any and all suits for injury or loss sustained by attendance at the function.**

  
Applicants Signature

03/04/2015  
Date

**BUSINESS OFFICE USE ONLY:**

\_\_\_\_\_  
Signature of Dir. Of Facilities

\_\_\_\_\_  
Date

Business Office Entered Into Calendar: \_\_\_\_\_  
Application #

\_\_\_\_\_  
Initials



## KILDEER COUNTRYSIDE CCSD 96 – FACILITY USAGE REQUEST FOR WEEKDAYS AFTER 6PM AND WEEKENDS

### CLASSIFICATION BY PRIORITY

<b>Class I:</b>	School District 96 Organizations: PTO, District appointed citizens' committees, etc
<b>Class II:</b>	Community-Based Related Organizations: Scouting groups, Park District (dates and times from approved PD schedules only), local Villages, local School Districts, etc.
<b>Class III:</b>	Non-Profit, Community-Based Organizations: Sports Clubs, Park District Teams not scheduled by PD, Recreation Associations (BGRA), Travel Sports Teams, other Sports Associations, Religious Groups, Service Clubs, etc.
<b>Class IV:</b>	Non-Profit, Non-Community Based Organizations: Less than 90% in District Resident Participation
<b>Class V:</b>	Other Organizations

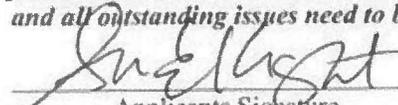
### SCHEDULE OF CHARGERS FOR FACILITY RENTAL

A \$30/Hr. Employee Charge (30 min. prior & 30 min. following activity) will be applied on all non-school days (weekends/holidays). Authorized Park District use of facilities is at no charge, expect for before and after school.

Facility	Class I	Class II		Class III	Class IV	Class V
		School Days	Non-School Days			
Small Gym	No Charge	No Charge	Employee Charge	\$18 / Hour	\$30 / Hour	\$42 / Hour
Large Gym	No Charge	No Charge	Employee Charge	\$28 / Hour	\$40 / Hour	\$52 / Hour
Cafeteria	No Charge	No Charge	Employee Charge	\$18 / Hour	\$30 / Hour	\$42 / Hour
Classroom/ Common Areas*	No Charge	No Charge	Employee Charge	\$9 / Hr M-F \$12 / Hr Non school days	\$12 / Hr M-F \$16 / Hr Non school days	\$20 / Hour
Playing Fields	No Charge	No Charge	Employee Charge	\$12 Per Occasion	\$16 Per Occasion	\$20 Per Occasion
Parking Lot (Spaces)	No Charge	No Charge	Employee Charge	Car-\$1.00/Day Bus-\$3.00/Day	Car-\$1.50/Day Bus-\$4.50/Day	Car-\$2.00/Day Bus-\$6.50/Day

\* Other common areas including Lobbies, Breezeways, Foyers, etc. used as meeting areas will be charged at the Classroom Rates.

*By signing below, I acknowledge the receipt of the rules governing the use of school facilities. Errors that are discovered on the confirmation letter including cost calculations and all outstanding issues need to be resolved prior to use of the facility.*

  
Applicants Signature

03/04/2015  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2015

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 LOCKTON COMPANIES, LLC - K CHICAGO 525 W. Monroe, Suite 600 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies	
	PHONE (A/C, No, Ext): 1-800-921-3172	FAX (A/C, No): 1-312-681-6769
	E-MAIL ADDRESS: Rotary@lockton.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Westchester Fire Insurance Company	NAIC # 10030
INSURED All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES ROTIN01      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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC OTHER:		PMI G23861355 006	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		PMI G23861355 006	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

<b>CERTIFICATE HOLDER</b> Kildeer Countryside School District 96 named as Additional Insured as their Interest May Appear 1050 Ivy Hall Lane, Buffalo Grove, IL 60089 RE: Rotary Club of Long Grove, Kildeer, Hawthorn Woods Rotary District 6440 Heritage 5K Run/3K Walk; September 12, 2015	<b>CANCELLATION</b> 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 
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**KILDEER COUNTRYSIDE CCSD 96 – FACILITY USAGE  
REQUEST FOR WEEKDAYS AFTER 6PM AND WEEKENDS**

**RULES GOVERNING THE USE OF SCHOOL FACILITIES**

*Revised August 29, 2012*

1. In general, district buildings and grounds shall be made available only to established organizations within the school district boundaries for worthwhile activities which do not interfere with the regular school program. Rentals or use by individuals will not be accepted.
2. A two week application period which allows for adequate time to review applications is required. The application must be completed in full and the Certificate of Insurance attached.
3. A minimum of a three (3) hour rental period and four (4) hour Employee Charge is required on weekends and holidays.
4. A minimum of 48 hours notice is required for cancellation of an event. If a 48 hour notice is not given, a forfeiture of fees will be assessed.
5. Common areas, such as gyms and multipurpose rooms may be made available to acceptable organizations except when requests conflict with school events.
6. Classroom rental is discouraged, but if necessary restricted to adult groups only.
7. Permission to use the facilities must be obtained in advance from the Director of Facilities upon written application. The application must include an accurate statement of the intended program of the applicant as well as the date, hours, and particular activities to be approved by the Director of Facilities.
8. No gambling will be permitted in or on the school property.
9. No intoxicating beverages or illegal drugs will be permitted on school property.
10. Smoking shall not be permitted on school district property effective August 1, 1994.
11. Users of the school premises shall be responsible for all damage done to the school property by reason of their use and shall reimburse the school district accordingly.
12. All user groups are expected to clean up after their activities. Failure to do so may result in an additional clean up charge.
13. The Board of Education, Superintendent (or designee), or the Principals may cancel a user group at any time due to scheduled or rescheduled school events.
14. All rentals and charges will be billed monthly. Checks should be made out to Kildeer School District 96.
15. All lease or rental agreements shall not exceed one year but may be renewable.

8/29/12

**KILDEER COUNTRYSIDE CCSD 96 – FACILITY USAGE  
REQUEST FOR WEEKDAYS AFTER 6PM AND WEEKENDS**

**RULES GOVERNING THE USE OF SCHOOL FACILITIES – CONT'D**

16. It shall be the general rule not to lend any items of equipment for use outside the building. Exceptions will be made at the discretion of the principal. In such cases, additional fees may be required, and a signed receipt given.
17. If the application is approved, the organization will assume responsibility for orderly and careful use of the school equipment and facilities.
18. The organization shall provide adequate supervision and use only the portion of the facility they have been authorized to utilize.
19. The applicants assume liability for damage or loss of property that may occur. The applicants will hold the Board harmless from claims arising out of the use of the school building or grounds for the function being sponsored on specified date or dates. The sponsoring group is required to furnish a certificate of insurance to indemnify the group and the Board against any and all suits for injury or loss sustained by attendance at the function.
20. Modifications to the building to accommodate a renter or leaseholder shall be made only upon the approval of the school district and the cost of which shall be borne by the renter or leaseholder.
21. Any profit-making user of the building who would accrue a tax liability shall also be responsible for paying the tax amount.
22. If required by the village, a business license must be obtained by the renter or leaseholder.
23. For all activities scheduled in district facilities, a custodian or otherwise designated individual will be present.
24. High impact sports, such as soccer, baseball, etc. are allowed only if low impact balls (foam soccer balls, cloth baseballs and wiffle balls) are used for indoor practice. Batting and ball hitting for baseball practice is prohibited.
25. These rules are subject to addition or change by the Superintendent at any time. Exceptions to these rules will only be made upon application in writing to the Superintendent.
26. Each application and agreement for facility usage which requests the use of a District physical fitness facility for physical fitness activities must sign and attach Addendum A related to the Physical Fitness Facility Medical Emergency Preparedness Act (AED and AED trained user), effective July 1, 2009.
27. The District will provide resource information related to CPR and AED training. A copy of the certificate of completion must be provided prior to the usage date.

***USER GROUP TO REMOVE AND KEEP***

# Certificate of Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/04/2015

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 LOCKTON COMPANIES, LLC-K CHICAGO 525 W. Monroe, Suite 600 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies	
	PHONE (A/C No. Ext): 1-800-921-3172 FAX (A/C No.): 1-312-681-6769 E-MAIL ADDRESS: Rotary@lockton.com	
INSURED All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Westchester Fire Insurance Company	10030
	INSURER B:	
	INSURER C:	
	INSURER E:	

COVERAGES ROTINO1 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	ADDITIONAL SUBROGATED WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PMI G23861355 006	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		PMI G23861355 006	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

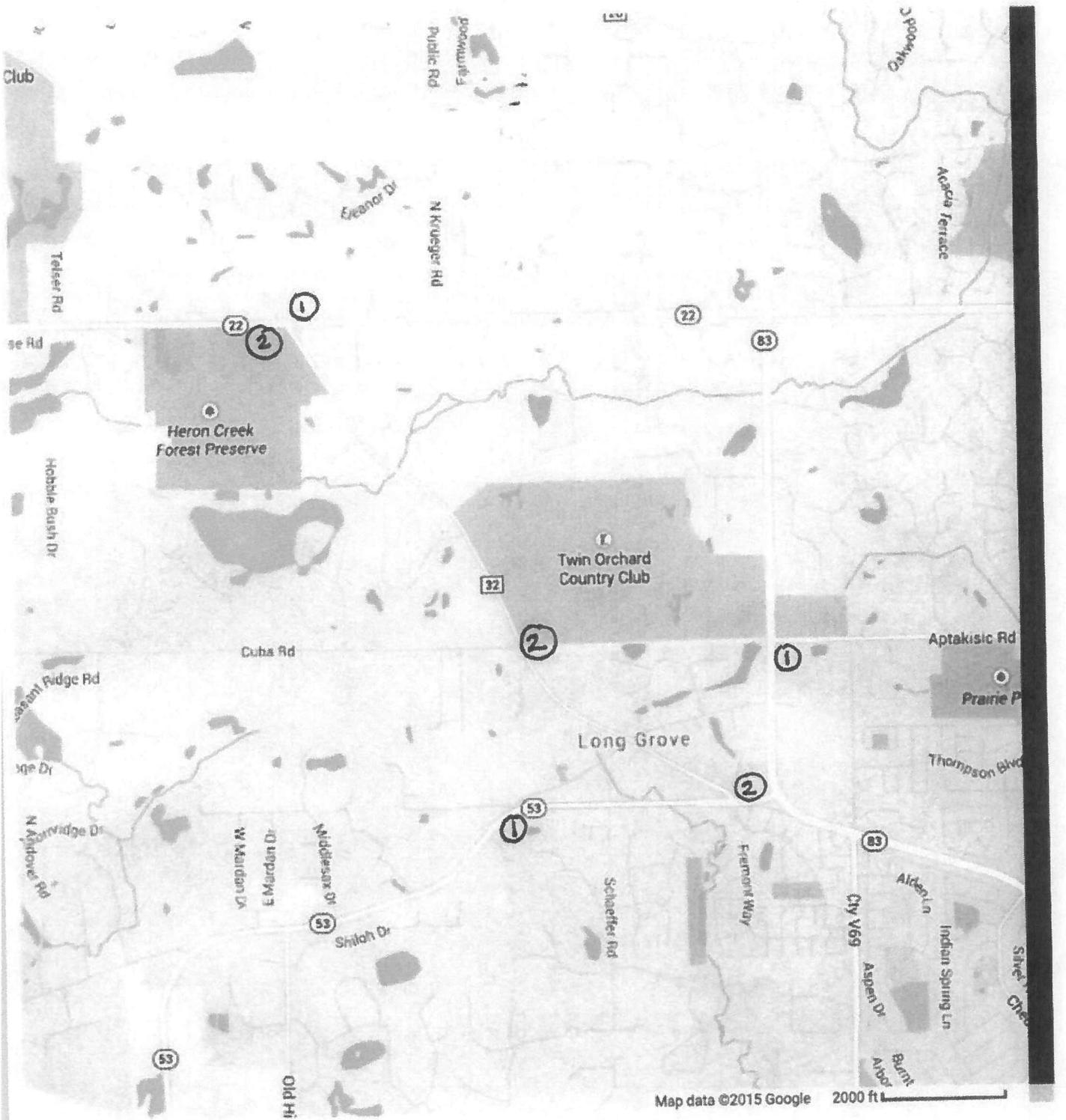
The Certificate Holder is included as Additional Insured where required by written and signed contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

<b>CERTIFICATE HOLDER</b> Village of Long Grove, Illinois and the Long Grove Business and Community Partners named as Additional Insured RE: Rotary Club of Long Grove, Kildeer, Hawthorn Woods Rotary District 6440 Heritage 5K Run/3K Walk; September 12, 2015	<b>CANCELLATION</b> 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 
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# Signage

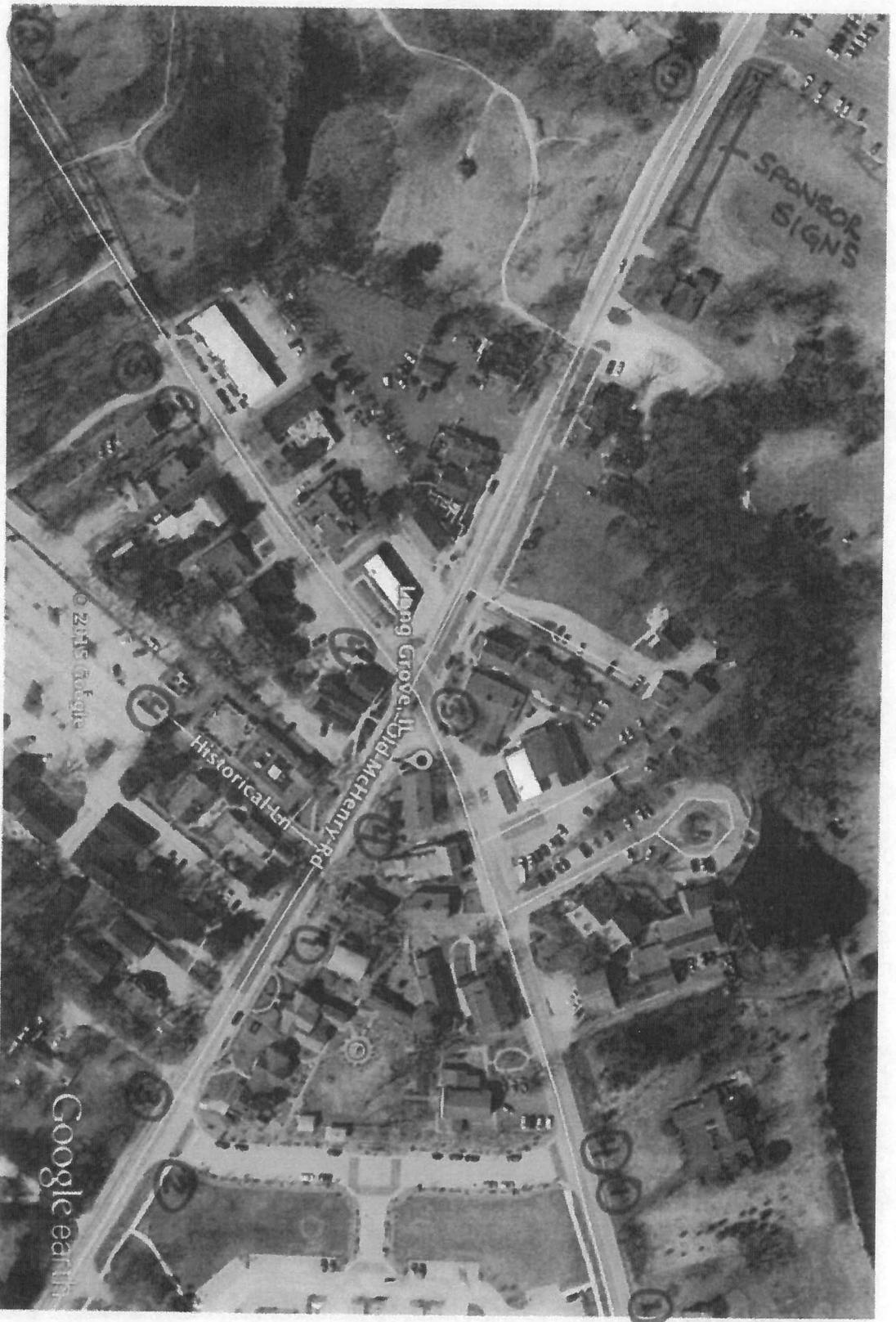
## (Locations and Examples)

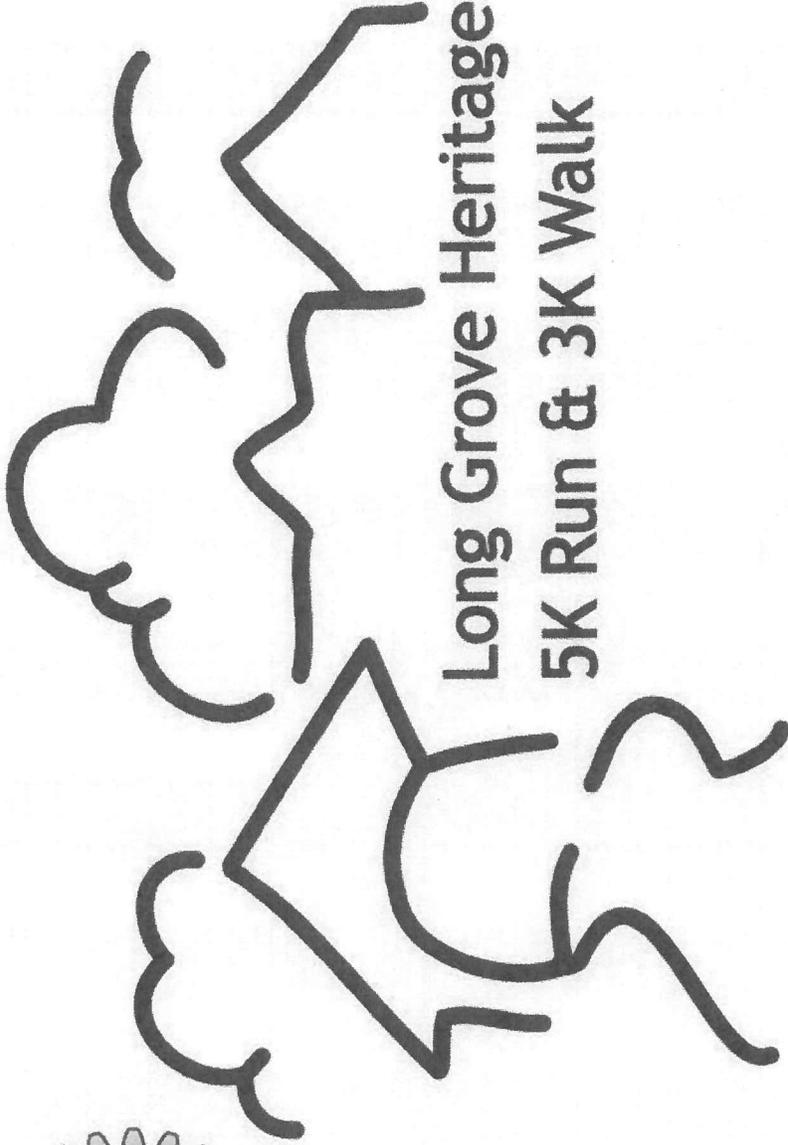
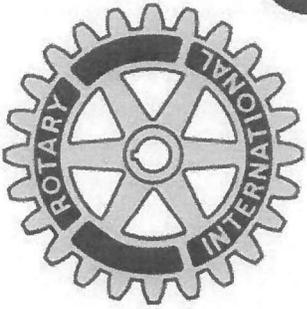


- 1 = Parking (Arrow Left)
- 2 = Parking (Arrow Right)
- 3 = Registration (Arrow Right)
- 4 = Registration (Arrow Left)
- 5 = No Parking
- 6 = Handicap Parking Only

Google earth

feet  
meters

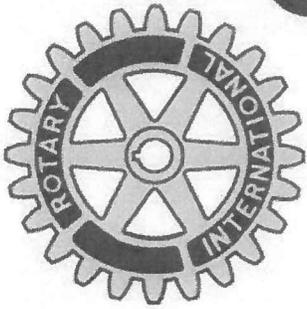




Long Grove Heritage  
5K Run & 3K Walk

**HANDICAP**

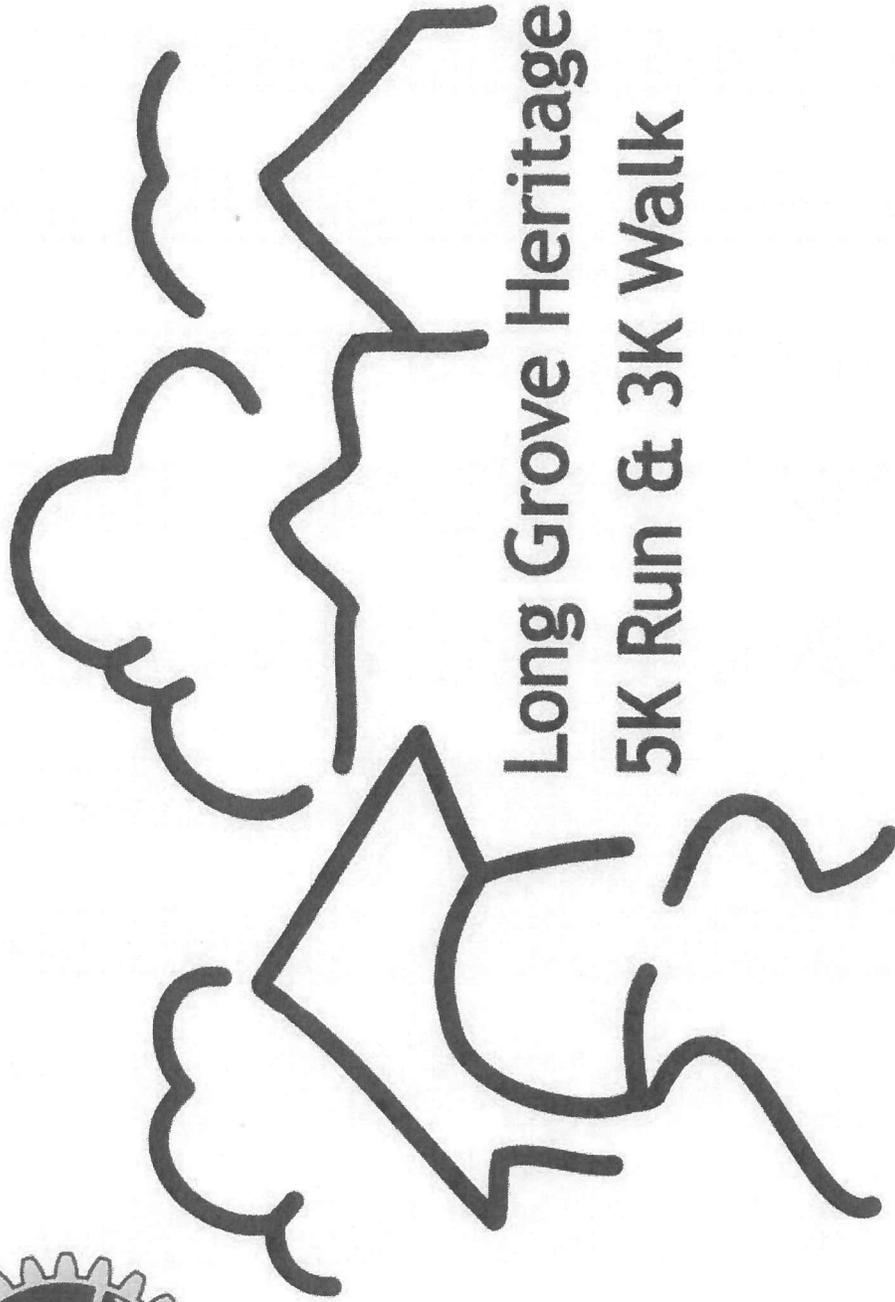
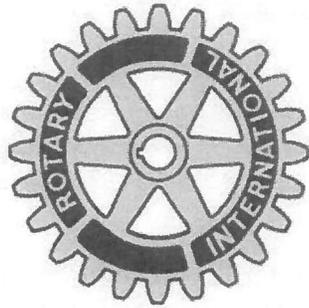
**PARKING ONLY**



Long Grove Heritage  
5K Run & 3K Walk

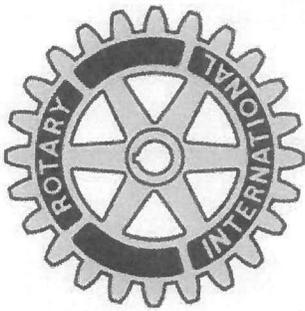
**NO**

**PARKING**

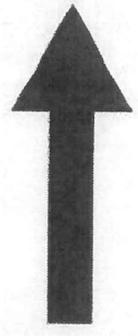


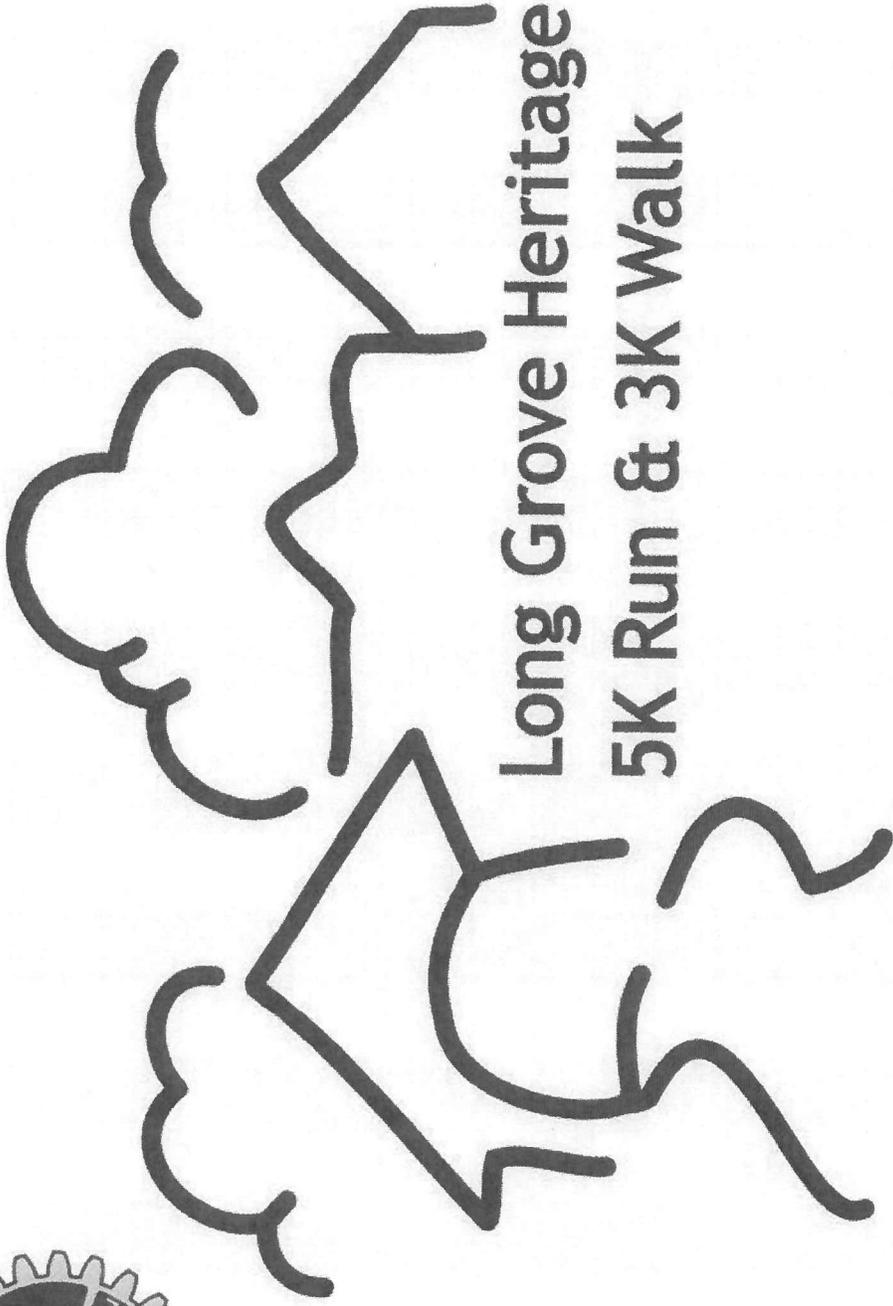
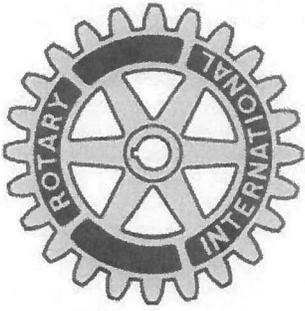
Long Grove Heritage  
5K Run & 3K Walk

← **REGISTRATION**



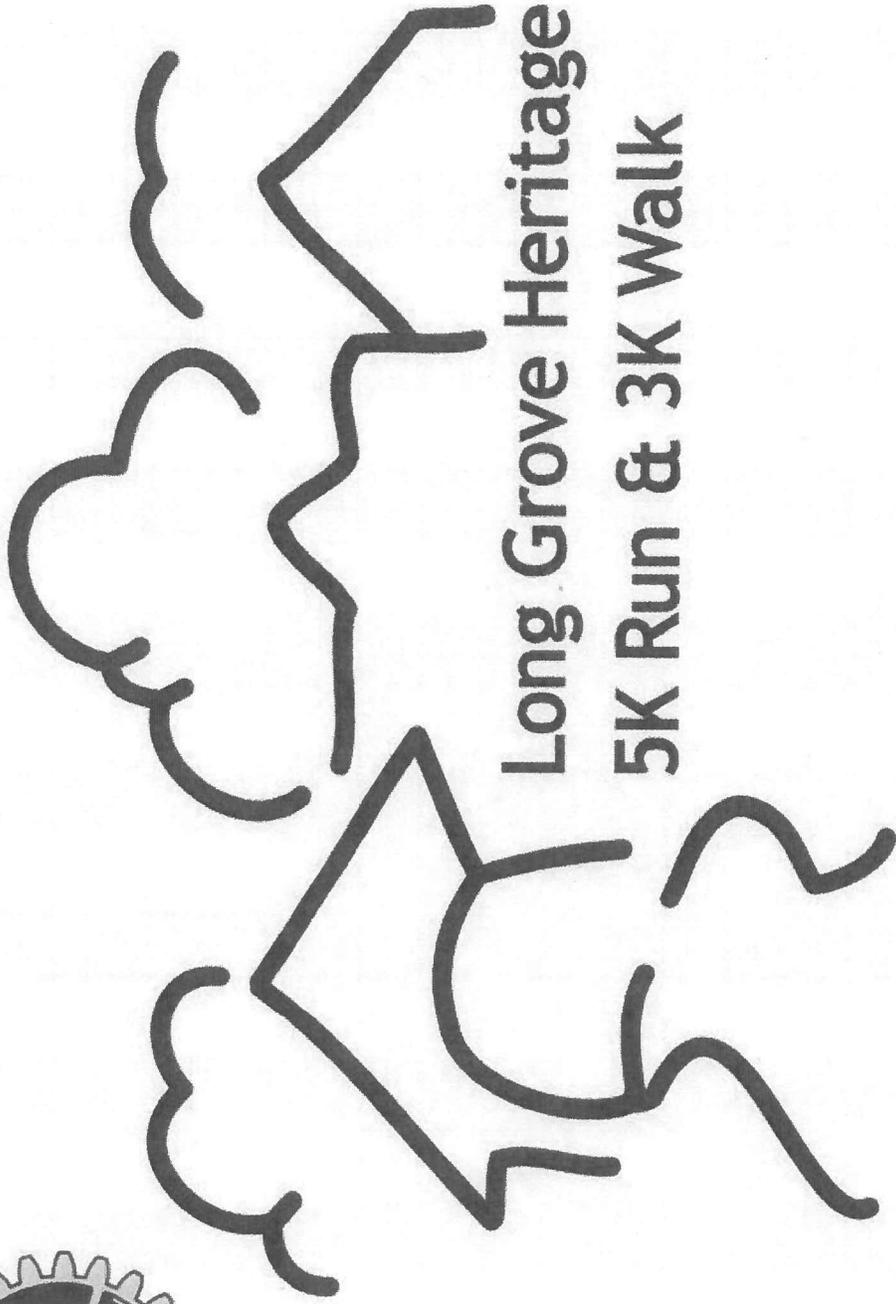
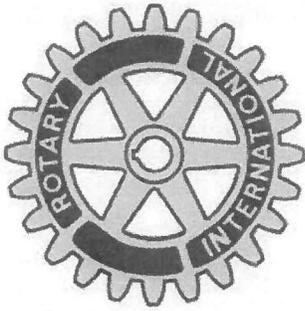
Long Grove Heritage  
5K Run & 3K Walk

**REGISTRATION —** 



Long Grove Heritage  
5K Run & 3K Walk

**PARKING →**



Long Grove Heritage

5K Run & 3K Walk

**← PARKING**

# Charity Benefit



## Illinois Department of Revenue

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, Illinois 62702  
217 782-8881

March 7, 2014

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ROTARY CLUB OF LONG GROVE CHARITABLE FOUNDATION INC  
TREASURER  
P O BOX 111  
LONG GROVE IL 60017

We have received your recent letter; and based on the information you furnished, we believe

ROTARY CLUB OF LONG GROVE CHARITABLE FOUNDATION INC  
of  
LONG GROVE, IL

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9950-4103-04. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on April 1, 2019, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services  
Illinois Department of Revenue