

Special Event Applications:
Coldwell Banker Garage Sale
Long Grove Rotary Heritage Run
Loving Long Grove (Replica Bridges Downtown)

***2016 EVENT ORGANIZER APPLICATION
LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION**

RECEIVED
APR 19 2016

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

Definition of an Event Organizer:

All entities (including: existing Long Grove Businesses; Non For Profit Organizations, non Long Grove businesses and other organizations), planning on conducting an outdoor event in the B1 District, **regardless** of where it will be held (be it private or public property).

Application Process:

~ Event Organizers must submit a fully detailed and completed application to the LGBCP. If the event is to be held on private property, the private property owner must provide written authorization. The authorization must be submitted with the event application, to the LGBCP. ~ Once approved by the LGBCP, the application will be forwarded to the Village Trustees for final approval. Existing businesses, and non for profits, must submit applications, **if their event differs in any way from what their normal, outdoor day to day, Village approved business license permits.** Non compliance may result in the event being shut down by the Lake County Sheriff.

NOTE: All LGBCP Members, Vendors, Merchants, Sponsors and not for profits, participating in LGBCP organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a ***Vendor Application, NOT this "Event Organizer" Application.**

NOTE: Scheduled LGBCP organized events take priority over non LGBCP organization events.

*** 2016 Vendor Applications** can be found, beginning Jan. 15, 2016, on the LGBCP web-site @ visitlonggrove.com, under "Applications." (See #10, page 3, on this form for add'l. details.)

CHECK ONE ORGANIZER CATEGORY:

LGBCP - Do not check this box unless you are LGBCP Exec. Director or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove.

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, and include all required information and attachments. Applicants 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 Title: Community Garage Sale Location(s) in the B1 District: 4192-C Rt.83

CONTACT INFO: NAME: David Rose E-MAIL: david.rose@cbexchange.com

CELL: 847-772-2311 OTHER: Off. 847-541-5000

Description/Type of Event:

COMMUNITY GARAGE SALE EVENT BENEFITTING CHARITIES ASSOCIATED WITH COLDWELL BANKER CHARITABLE FOUNDATION. WE WILL RECEIVE ITEMS FOR SALE WITH ALL PROCEEDS GOING TO CHARITY.

Estimated Number of Attendees 200 over 2-3 days Estimated Number of Vendors _____

Event Date / Dates & Time: JULY 15 & 16 PREFERRED

Day 1 - Date: OPEN Hours: 10am to 4pm

Day 2 - Date: OPEN Hours: 10am to 4pm

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: _____ Hours: _____ to _____

Dismantling - Date: _____ Hours: _____ to _____

EVENT ORGANIZER: Company or Organization Coldwell Banker

Street Address: 4192 D City: Long Grove

State: IL Zip: 60047

Phone Number: 847-541-5000 Cell Number: 847-772-2311

Contact Person: David Rose Phone Number: 847-772-2311

E-mail Address: david.rose@cbexchange.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 (LGBCP)
 - 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.

- A. Security officers # 0 Hours _____ to _____
 B. Traffic officers / Reserves # 0 Hours _____ to _____
 C. Parking Assistance # 0 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** – provided by you as the organizer. 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, generators, 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	0			
Waste Disposal	0			
Trash Pickup, Walks, etc.	0			
Music / Staging	0			
White Tent, Rental, Labor	0			
Other	0			

10. ***ALL VENDORS participating in the event must**

- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
- 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 IL. Non For Profit Tax Exempt Status, legal name of the charity, address, contact name and phone number

12. ***RAFFLES** – Request an Application for License to Conduct Raffle by contacting the Village Hall at (847) 634.9440. **Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees**

13. LIQUOR –If liquor is to be offered on a site other than the specific address stated on your **State of Illinois Liquor License, a Temporary Liquor License, must be applied for. Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees. A copy of proof of DRAM INSURANCE in the amount of \$2,000,000 must name THE VILLAGE OF LONG GROVE as the certificate holder, with the LGBCP as ADDITIONAL INSURED.**

Applications can be found at: <http://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>

EVENT ORGANIZER FEES:

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

Village Application Processing Fee:	\$ 25
Historic Downtown Administration Fee:	\$ 25
Fire Inspection Fee (if applicable)	<u>\$ 25</u>
	\$ 75
Other: _____	\$ _____
TOTAL FEES	\$ <u>75</u>

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, merchants and non profits, hosting or 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 approval and 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 _____

4/11/16

Signature of Applicant

Date

LGBCP Board Approval _____
Events Committee Chair Signature

_____/_____/_____
Date

Village Board of Trustees Approval _____
Village Representative Signature

_____/_____/_____
Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Realogy Charitable Foundation		
	2 Business name/disregarded entity name, if different from above Coldwell Banker Residential Brokerage Charitable Foundation		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 175 Park Avenue		Requester's name and address (optional)
	6 City, state, and ZIP code Madison, NJ 07940		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
2 0 - 0 7 5 5 0 9 0	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]* Date ▶ *1/6/2015*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/11/2016

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Northeast, Inc. Morristown NJ Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	CONTACT NAME: PHONE (A/C. No. Ext.): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Realogy Holdings Corp. NRT, LLC 175 Park Avenue Madison NJ 07940 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Continental Casualty Company		20443
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 570061774818** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL4014102958	08/01/2015	08/01/2016	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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	Y/N	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Subsidiary: Coldwell Banker Residential Real Estate LLC, 2690 East Main Street, St. Charles, IL 60174. RE: Summer of 2016 Fund Raising Event. Long Grove Business and Community Partners (LGBCP) and Village of Long Grove are included as Additional Insured in accordance with the policy provisions of the General Liability policy. A waiver of Subrogation is granted in favor of Long Grove Business and Community Partners (LGBCP) and Village of Long Grove in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

Long Grove Business and Community Partners 308 Old McHenry Road Long Grove, IL 60047 USA	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 <i>Aon Risk Services Northeast, Inc.</i>

Holder Identifier :

Certificate No : 570061774818

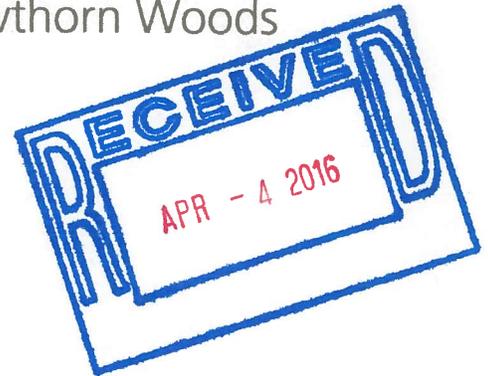
EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Long Grove Heritage 5krun/3kwalk sponsored by Rotary Club of Long Grove, Kildeer, Hawthorn Woods	RECEIVED APR 08 2016 VILLAGE OF LONG GROVE

Event Application	Submitted on 4/4/2016
Date & Time	Saturday 9/10/2016 5:30am - 10:30am
Site Plan	See Attached
Property Owner Permission	See Attached
COI & Waiver Certificates	See Attached
Roads & Barricades	None Indicated
Security & Sheriff	None Indicated
Signage	Banners & Temporary Signage
Electrical	None Indicated
Vendors & Support Docs.	None Indicated
Temp Liquor License App.	NA
App. To Conduct Raffle	NA
Applicable Fees	None Submitted

Application Received: 4/4/2016	
Reviewed by LGBCP Events Committee: <u>4/6/16</u> Pending:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Reviewed by LGBCP Board: <u>4/6/16</u> Pending:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Reviewed by Village Board of Trustees: ___/___/___ Pending:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected

Rotary
Club of Long Grove, Kildeer,
Hawthorn Woods



April 4, 2016

Long Grove Business and Community Partners (LGBCP)
308 Old McHenry Road
Long Grove, Illinois 60047

Enclosed is the Event Organizer Special Event Application for September 9 and 10, 2016 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, 2016. The updated insurance certificate will be sent as soon as the policy renews July 1, 2016. In order to meet process the application, the current form is included.

Please call me at 847-489-9175 or e-mail me at 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 appears to read "Sara Knight".

Sara Knight
President
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.

**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

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 5KRun/3KWalk Location(s) in the B1 District: Downtown Long Grove, Kildeer Countryside School

Description/Type of Event: 5K Run and 3K Walk with a Pancake Breakfast

Estimated Number of Attendees 1,000

Estimated Number of Vendors 0

Event Date / Dates & Time:

Day 1 - Date: Saturday 09/10/16 Hours: 5:00am to 10:30am

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date 09/09/16 Hours: 4pm to 9pm Dismantling - Date 09/10 Hours 10:30am to 1pm

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

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 # 0 Hours _____ to _____
 - B. Traffic officers / Reserves # 0 Hours _____ to _____
 - C. Parking Assistance # 0 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		Michael Brink	Waste Management	
Waste Disposal		Michael Brink	Waste Management	
Trash Pickup, Walks, etc.		Sara Knight	Rotary Club	847.489.9175
Music / Staging		Sara Knight	Rotary Club	847.489.9175
White Tent, Rental, Labor		Chelsea Checea	Rent Rite	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.**

.....
* 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	\$ _____

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.

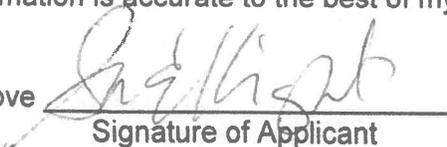
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

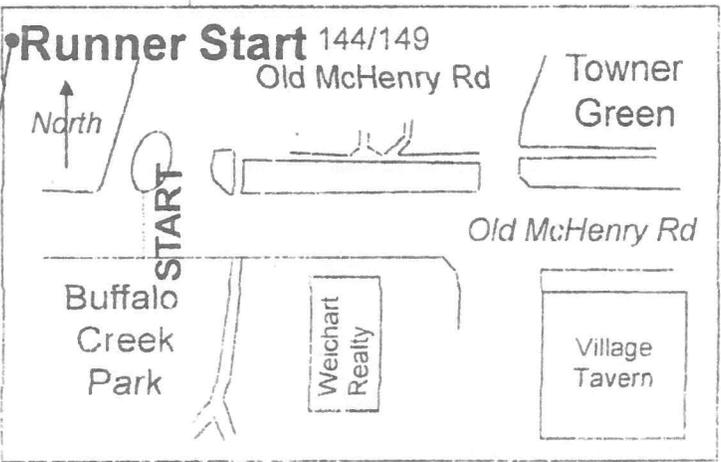
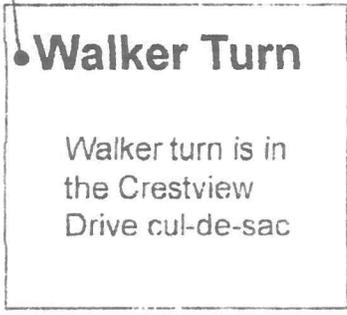
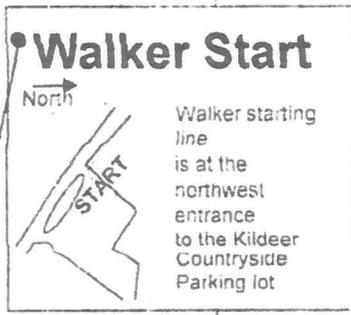
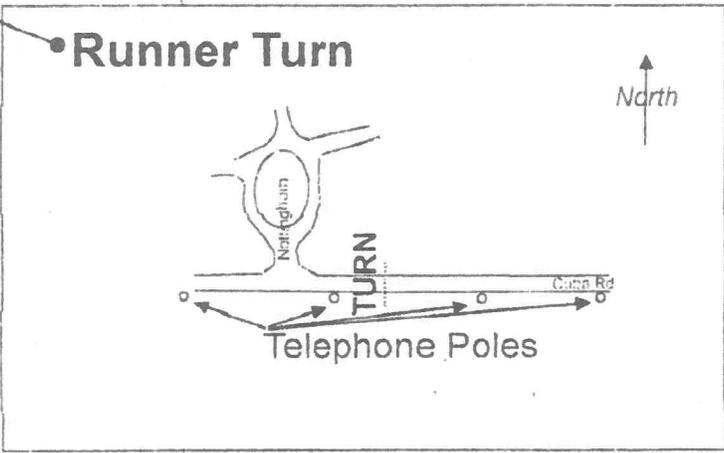
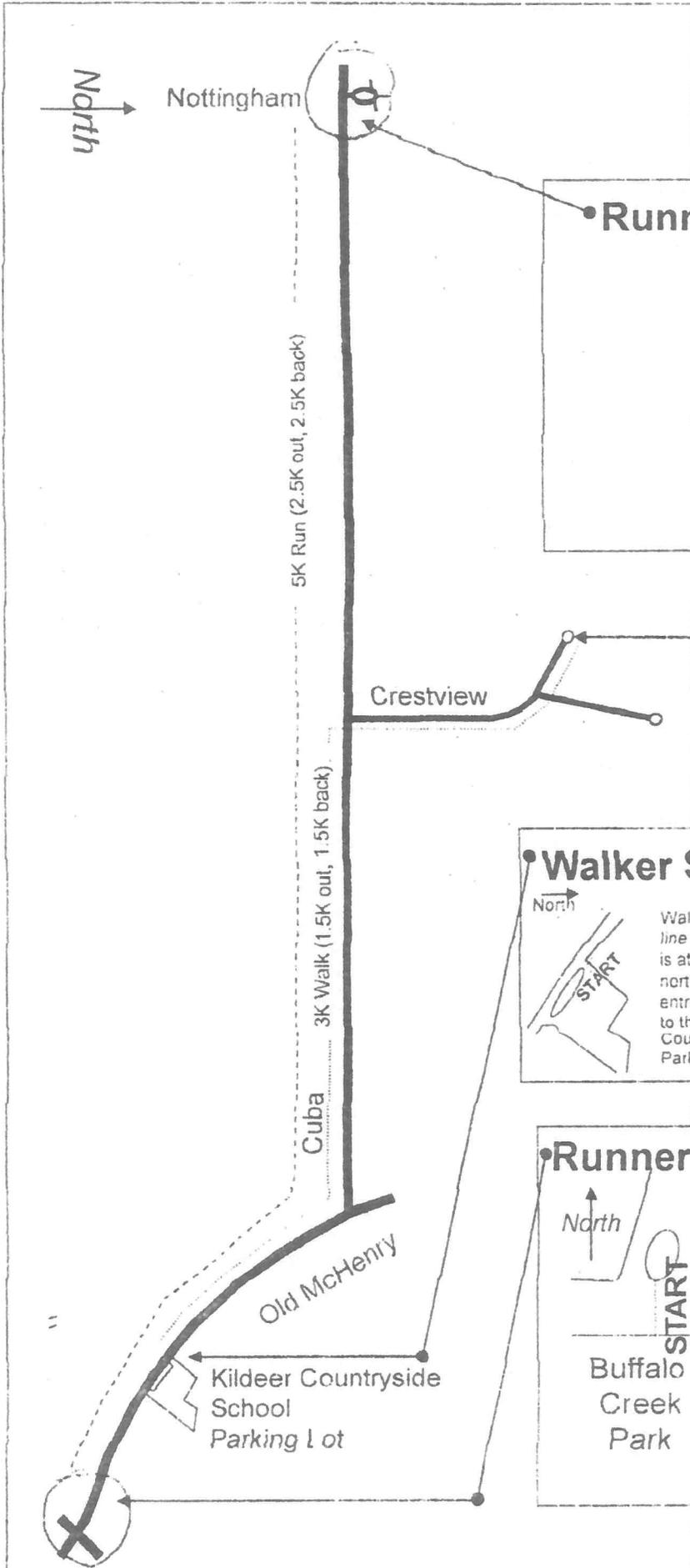
I have read and understand the above  Signature of Applicant 04/04/2016 Date

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



Property Owner Permission

From: Gwen Nelson gnelson@kcsd96.org
Subject: Rotary Race at Kildeer
Date: April 4, 2016 at 10:18 AM
To: Sara Knight sara.knight@strataearth.com



Hi Sara,

Thank you for your facility use request. You are booked for your weekend race and use of Kildeer parking lot on Sept. 9 and 10th, 2016.
Thank you.

--

Gwen Nelson
Administrative Assistant Business Office
Kildeer School District 96
847-459-4260 ext. 8001
gnelson@kcsd96.org

Rotary
Club of Long Grove, Kildeer,
Hawthorn Woods



April 4, 2016

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 9 and 10, 2016 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, 2016. The updated insurance certificate will be sent as soon as the policy renews July 1, 2016. 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 for additional information I may provide or questions I may answer.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sara Knight".

Sara Knight
President
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, President

Bill to Address: PO 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.**

Sara Knight
Applicants Signature

04/04/2016
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

Class I:	School District 96 Organizations: PTO, District appointed citizens' committees, etc
Class II:	Community-Based Related Organizations: Scouting groups, Park District (dates and times from approved PD schedules only), local Villages, local School Districts, etc.
Class III:	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.
Class IV:	Non-Profit, Non-Community Based Organizations: Less than 90% in District Resident Participation
Class V:	Other Organizations

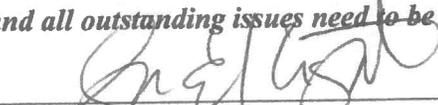
SCHEDULE OF CHARGERS FOR FACILITY RENTAL

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

04/04/2016

 Date

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.

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 LIABILITY INSURANCE

7/1/2016

DATE (MM/DD/YYYY)
04/04/2016

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 500 West Monroe, Suite 3400 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
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
1379367 All Active US Rotary Clubs & Districts
Attn: Risk Management Department
1560 Sherman Ave.
Evanston, IL 60201-3698

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 007	7/1/2015	7/1/2016	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 007	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX 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 <input type="checkbox"/> 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.

CERTIFICATE HOLDER

CANCELLATION

Kildeer Countryside CCSD 96
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 10, 2016

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

7/1/2016

DATE (MM/DD/YYYY)
04/04/2016

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 500 West Monroe, Suite 3400 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
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
1379367 All Active US Rotary Clubs & Districts
Attn: Risk Management Department
1560 Sherman Ave.
Evanston, IL 60201-3698

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 007	7/1/2015	7/1/2016	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 - COM/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PMI G23861355 007	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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.

CERTIFICATE HOLDER

Village of Long Grove
Long Grove Business and Community Partners

RE: Rotary Club of Long Grove, Kildeer, Hawthorn Woods
Rotary District 6440
Heritage Race 5K Run/3K Walk, September 10, 2016

CANCELLATION

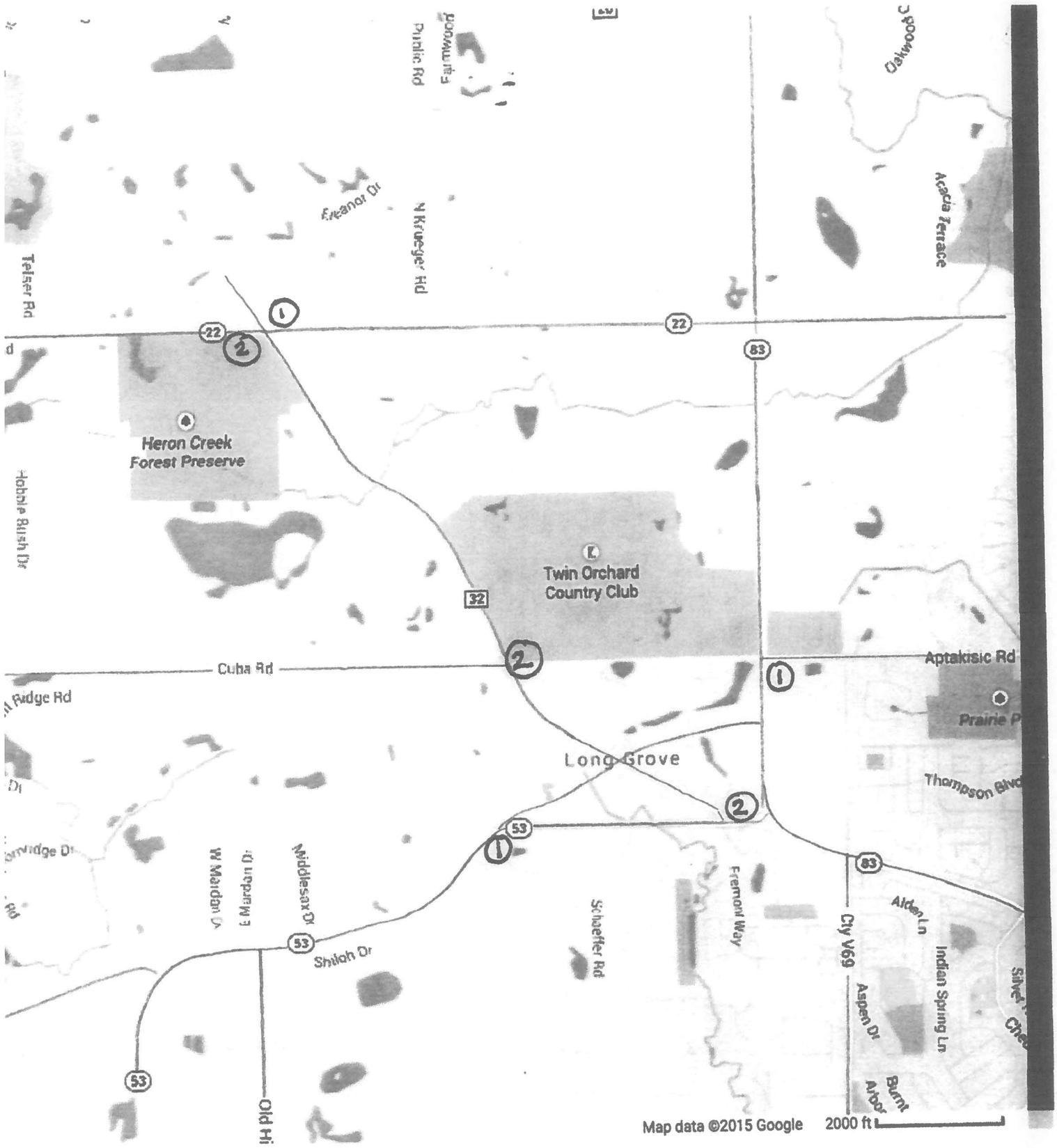
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

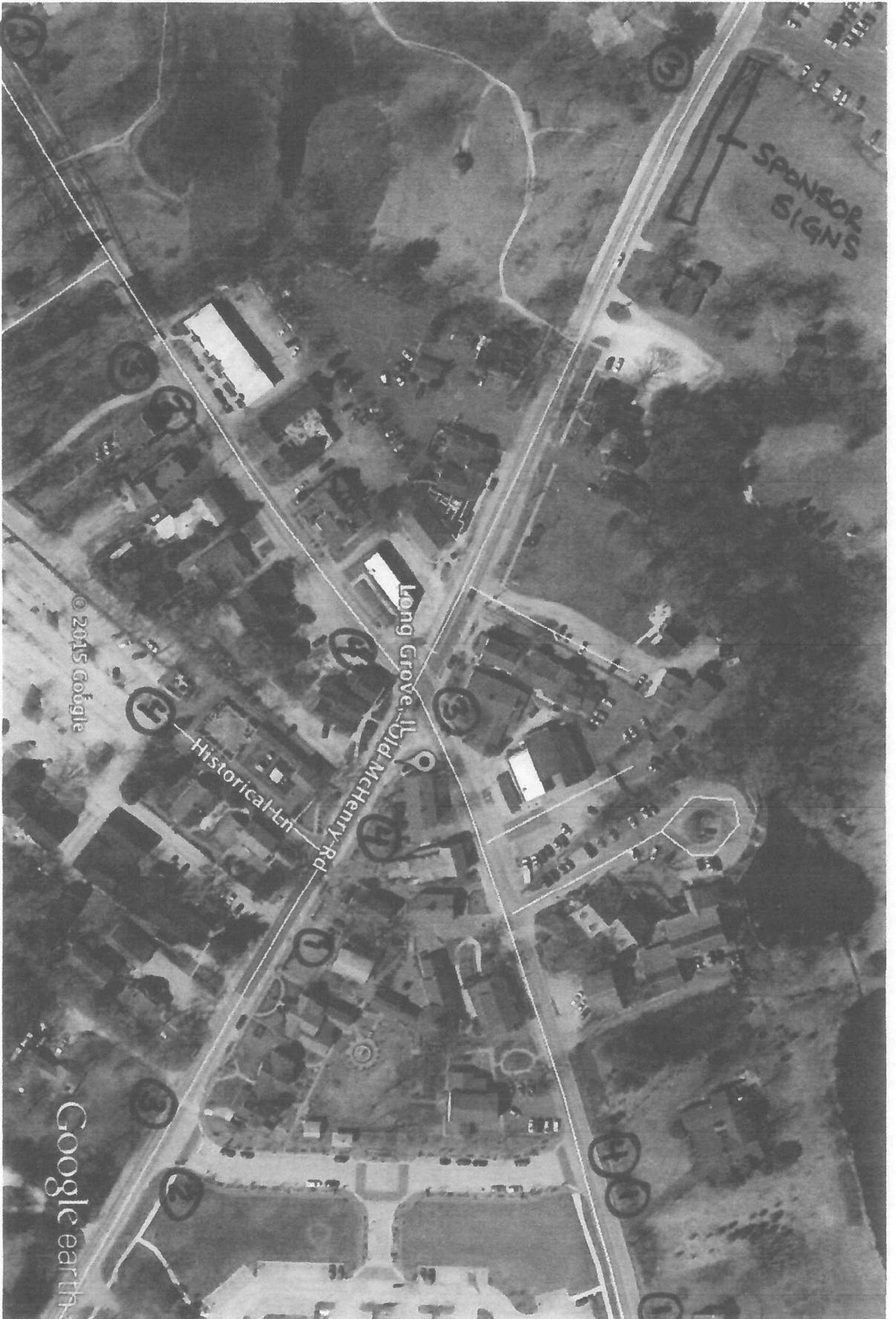
© 1988-2014 ACORD CORPORATION. All rights reserved.

Signage

(Locations and Examples)



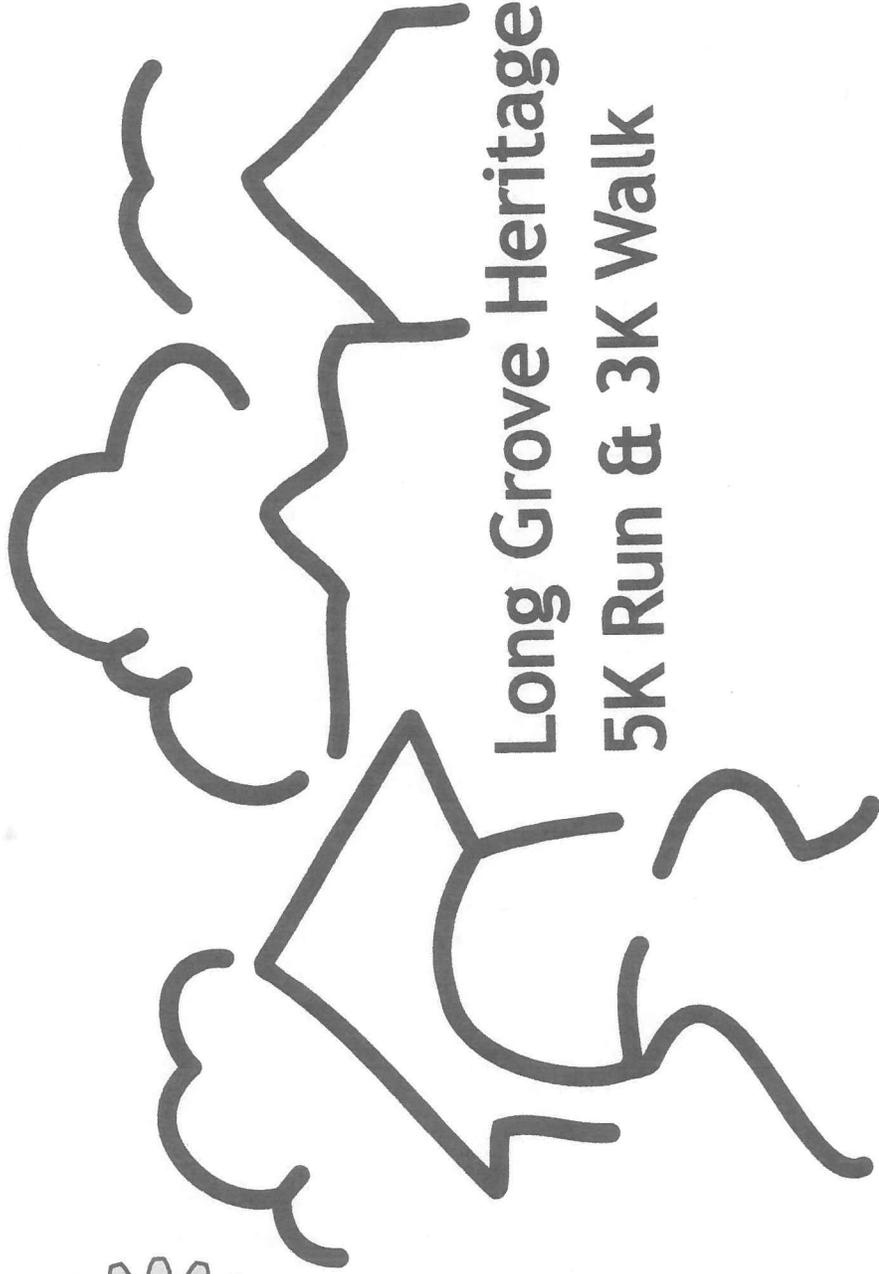
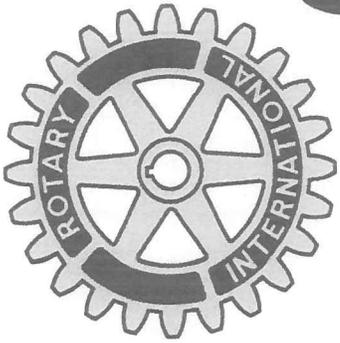
- 1 = Parking (Arrow Left)
- 2 = Parking (Arrow Right)
- 3 = Registration (Arrow Right)
- 4 = Registration (Arrow Left)
- 5 = No Parking
- 6 = Handicap Parking Only



Google earth

feet
meters



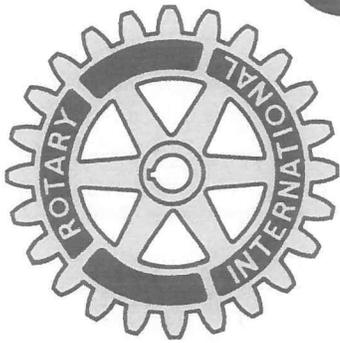


Long Grove Heritage

5K Run & 3K Walk

HANDICAP

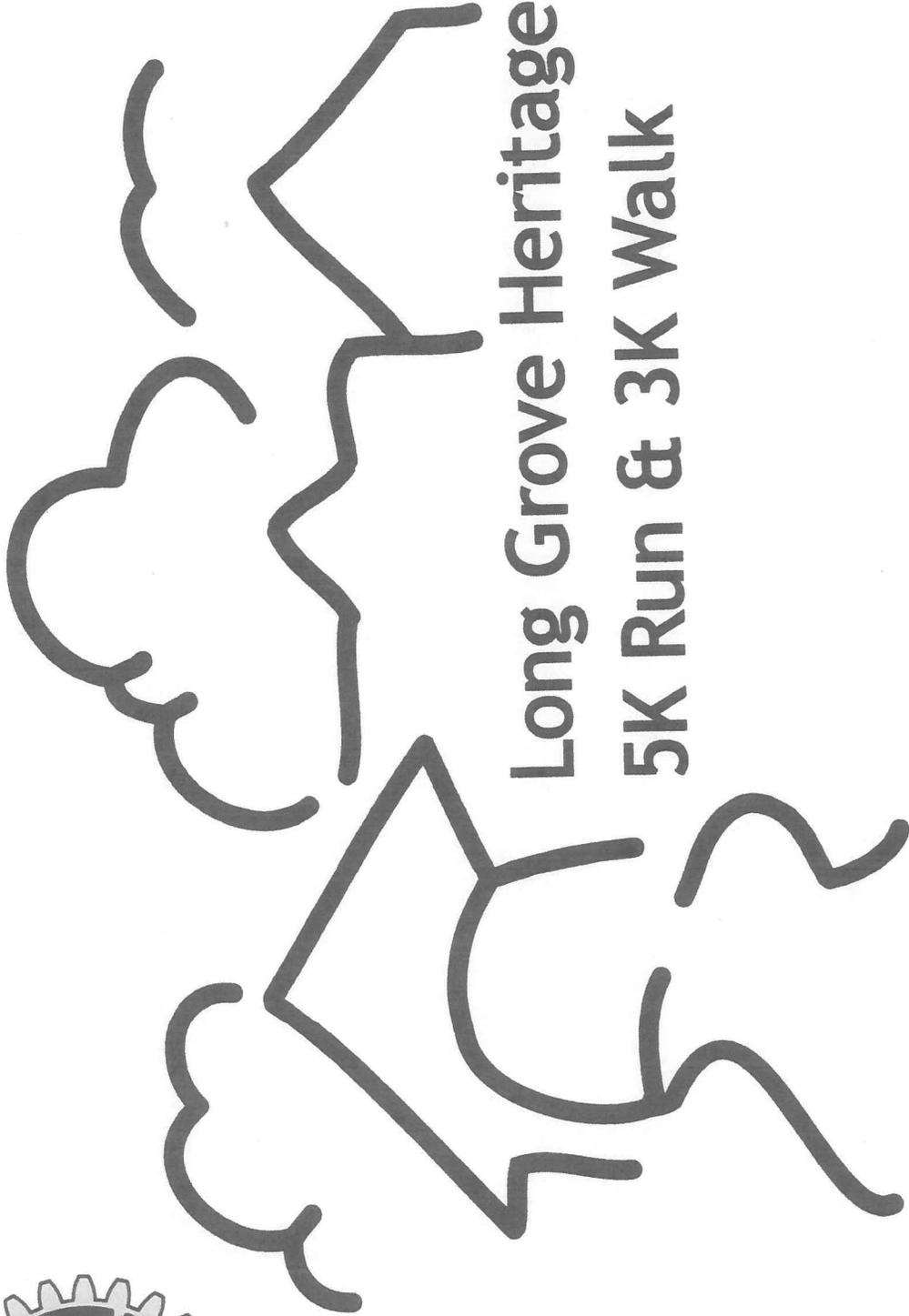
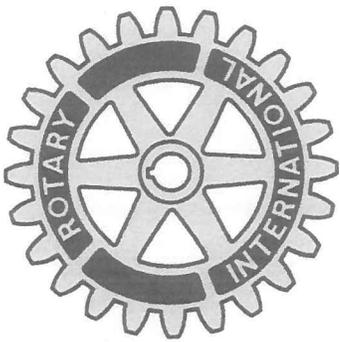
PARKING ONLY



Long Grove Heritage
5K Run & 3K Walk

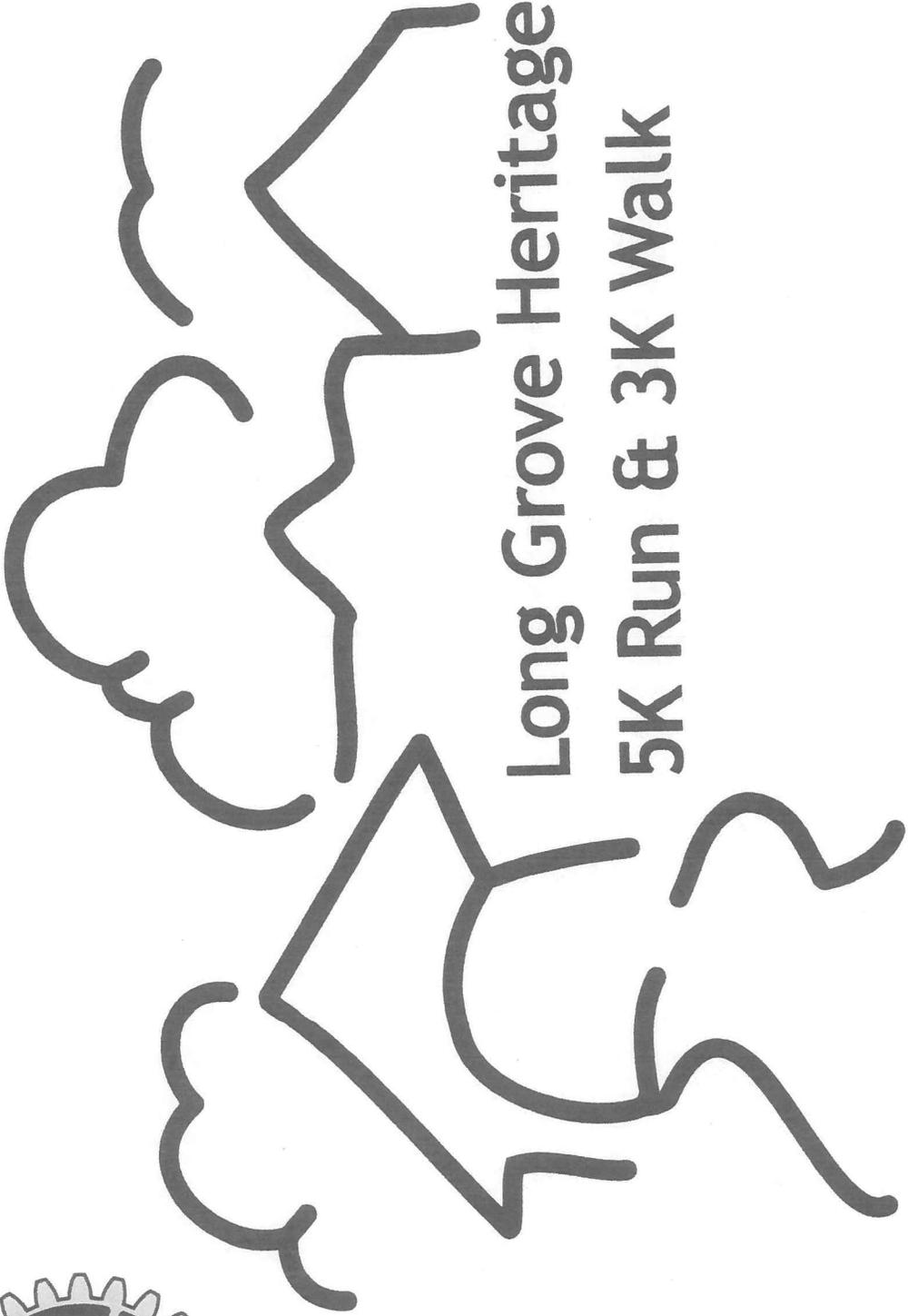
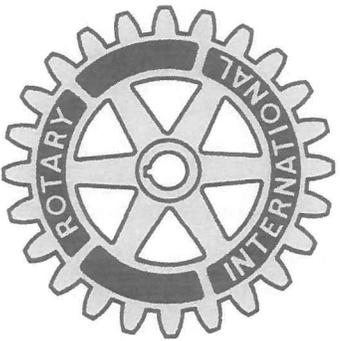
NO

PARKING



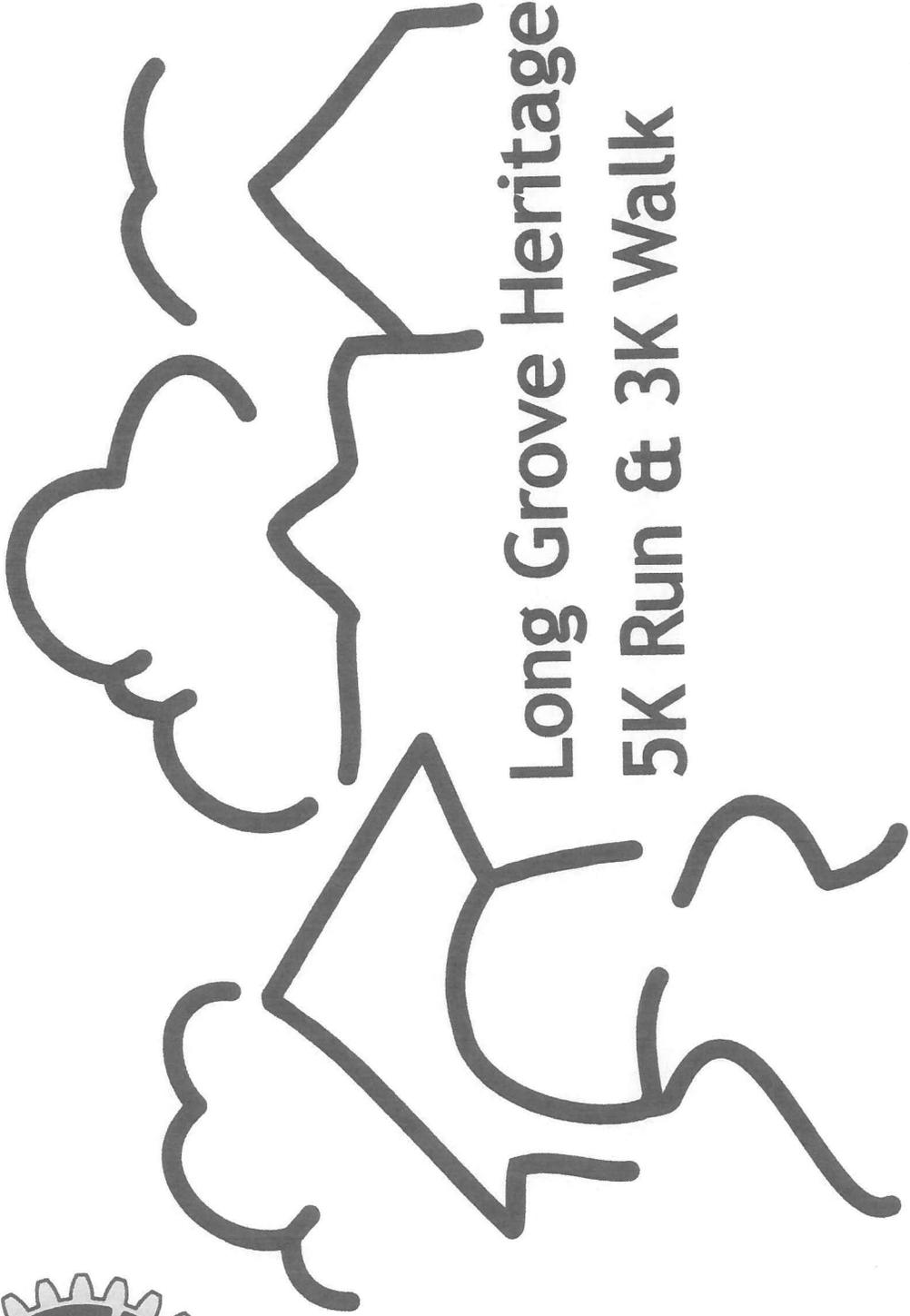
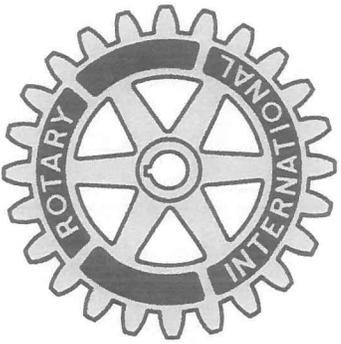
Long Grove Heritage
5K Run & 3K Walk

← **REGISTRATION**



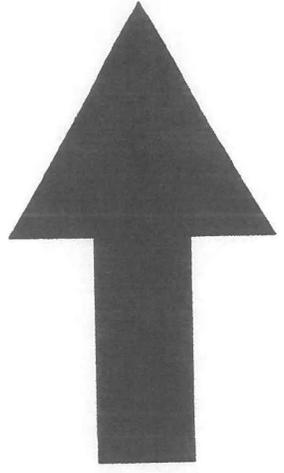
Long Grove Heritage
5K Run & 3K Walk

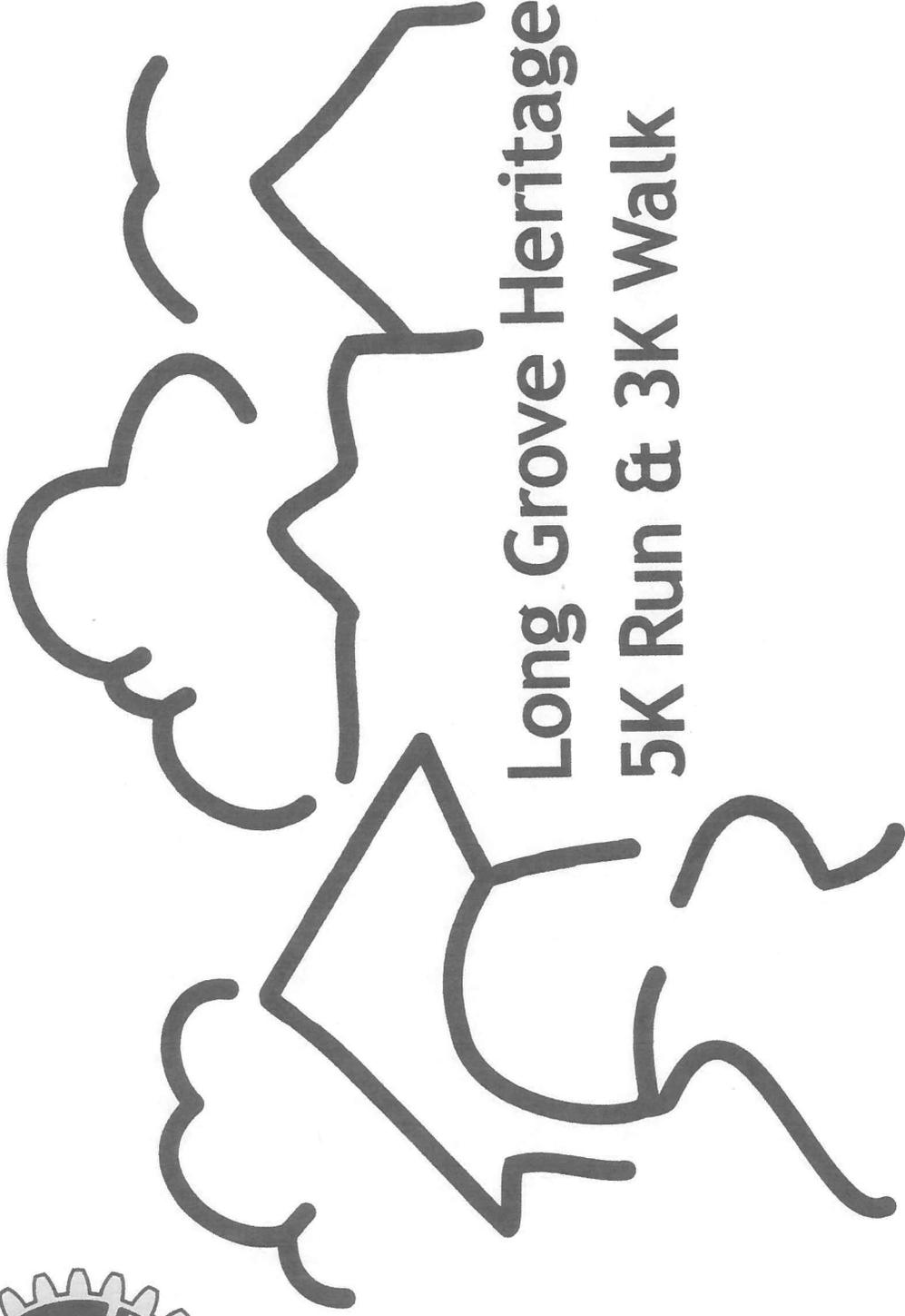
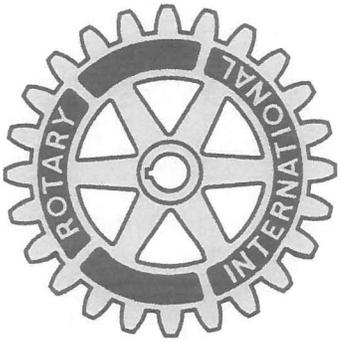
REGISTRATION — 



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

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

APR 20 2016

VILLAGE OF LONG GROVE

Loving Long Grove (Display of replica bridges up from May - Sept. 18 in Downtow
September 17 - 10:00am - 5:00pm September 18 10:00am -9:00pm
Submitted by Long Grove Neighbors (Marcia Marshall)

Event Application	Received 4/19/2016
Date & Time	September 17 - 10:00am - 5:00pm September 18 10:00am -9:00pm
Site Plan	PENDING
Property Owner Permission	5 emails regarding Property owner permission. No signatures in writing. 20 Locations expected.
COI & Waiver Certificates	Pending Purchase of Insurance and Waivers for LGBCP and Village and all Property Owners
Roads & Barricades	NA
Security & Sheriff	NA Require bridges to be secured and roped off so no one stands on them or they are blown over.
Signage	Temporary Signs
Electrical	Microphone
Vendors & Support Docs.	None
Temp Liquor License App.	NA
App. To Conduct Raffle	NA
Applicable Fees	Non-Profit Proceeds to Northern Illinois Food Bank

Application Received:

Reviewed by LGBCP Events Committee: 4 / 18 / 16 Approved Rejected

Pending:

Reviewed by LGBCP Board: 4 / 19 / 16 Approved Rejected

Pending:

Reviewed by Village Board of Trustees: / / Approved Rejected

Pending:

— Updated Application —

***2016 EVENT ORGANIZER APPLICATION
LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION**

Definition of an Event Organizer:

All entities (including: existing Long Grove Businesses; Non For Profit Organizations; non Long Grove businesses and other organizations), planning on conducting an outdoor event in the B1 District, **regardless** of where it will be held (be it private or public property).

Application Process:

~ Event Organizers must submit a fully detailed and completed application to the LGBCP. If the event is to be held on private property, the private property owner must provide written authorization. The authorization must be submitted with the event application, to the LGBCP. ~ Once approved by the LGBCP, the application will be forwarded to the Village Trustees for final approval. Existing businesses, and non for profits, must submit applications, **if their event differs in any way from what their normal, outdoor day to day, Village approved business license permits.** Non compliance may result in the event being shut down by the Lake County Sheriff.

NOTE: All LGBCP Members, Vendors, Merchants, Sponsors and not for profits, participating in LGBCP organized events, ie. Chocolate Fest, etc., are considered **vendors** and must complete a ***Vendor Application, NOT this "Event Organizer" Application.**

NOTE: Scheduled LGBCP organized events take priority over non LGBCP organization events.

*** 2016 Vendor Applications** can be found, beginning Jan. 15, 2016, on the LGBCP web-site @ visitlonggrove.com, under "Applications." (See #10, page 3, on this form for add'l. details.)

CHECK ONE ORGANIZER CATEGORY:

LGBCP - Do not check this box unless you are LGBCP Exec. Director or Events Committee Chair.

OTHER -ALL entities organizing an outdoor event, in the B1 District of Long Grove. 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 |
| • Fire Inspection |
| • Vendors & Support Docs. |
| • Temp. Liquor License App. |
| • App. To Conduct Raffle |
| • Applicable Fees |

FOR OFFICE USE ONLY

Received by LGBCP 4 / 19 / 16

Approved Rejected 4 / 19 / 16

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, and include all required information and attachments. Applicants 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 Title: Loving Long Grove Location(s) in the B1 District: Pending

CONTACT INFO: NAME: Marcia Marshall E-MAIL: consultm2@comcast.net

CELL: _____ OTHER: _____

Description/Type of Event:

Estimated Number of Attendees

Estimated Number of Vendors

Event Date / Dates & Time:

Day 1 - Date: 9/17/2016 Hours: 10:00 to 5:00 pm

Day 2 - Date: 9/18/2016 Hours: 10:00 to 9:00 pm

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 9/17/2016 Hours: _____ to _____

Dismantling - Date: 9/18/16 Hours: _____ to _____

EVENT ORGANIZER: Company or Organization Long Grove Neighbors
Street Address: 4512 RFD City: Long Grove State: IL Zip: 60047
Phone Number: 847-651-8505 Cell Number: same
Contact Person: Maria Marshall Phone Number: same
E-mail Address: consultm2@comcast.net

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 (LGBCP)
 - 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.

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 – provided by you as the organizer. 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, generators, etc.. ~~None~~ *Microphone*

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. *None*

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor				
Other				

10. *ALL VENDORS participating in the event must

- Complete a "Vendor Application," found at visitlonggrove.com, under "Applications"
- 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. *We would like the food vendors to be our local restaurants*

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

*Northern IL Food Bank
273 Dearborn Ct,
Geneva, IL 60134
630-443-6910*

12. *RAFFLES – Request an Application for License to Conduct Raffle by contacting the Village Hall at (847) 634.9440. Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees *none*

13. LIQUOR –If liquor is to be offered on a site other than the specific address stated on your State of Illinois Liquor License, a Temporary Liquor License, must be applied for. Once completed, the application is subject to approval by the Village of Long Grove President and Board of Trustees. A copy of proof of DRAM INSURANCE in the amount of \$2,000,000 must name THE VILLAGE OF LONG GROVE as the certificate holder, with the LGBCP as ADDITIONAL INSURED. *no liquor*

Applications can be found at: <http://www.illinois.gov/ilcc/Pages/Forms-and-Applications.aspx>

EVENT ORGANIZER FEES:

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

Village Application Processing Fee:	\$ 25
Historic Downtown Administration Fee:	\$ 25
Fire Inspection Fee (if applicable)	\$ 25
	\$ 75
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, merchants and non profits, hosting or 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 approval and 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 Marcia J Marshall*
Signature of Applicant

4/19/2016
Date

LGBCP Board Approval _____
Events Committee Chair Signature

 / /
Date

Village Board of Trustees Approval _____
Village Representative Signature

 / /
Date

* FOR LONG GROVE NEIGHBORS

From: Ted Wankovsky t.wankovsky@att.net
Subject: One Long Grove Event on 9/17-9/18/2016
Date: April 14, 2016 at 3:45 PM
To: consultm2@comcast.net

TW

Dear Marcia:

This is to confirm that we have a market to cover your liability needs including waiver of subrogation for your event planned in September at the Towers Green in Long Grove, IL.
The premium for this coverage will be in a range from \$250-\$400, depending on the particulars.

We will have a firm quote for you in a couple of days.

Thank you again for thinking of our agency.

Regards

Ted Wankovsky

Advocate Insurance Group, Inc.
1137 McHenry Rd. Ste. 206
Buffalo Grove, IL. 60089
Phone: 847-229-9840
Fax: 847-808-2154
Email: Ted@AdvocateInsGroup.com
www.AdvocateInsGroup.com

Long Grove Neighbors Celebrates our Village....

This year, we are celebrating two great milestones in our Village: 180 years ago Long Grove was settled and 60 years ago our Village was incorporated. Both are perfect reasons to celebrate our wonderful community!

Chicago had its cows; Long Grove has its bridge. After Chocolate Fest, simple wooden structures will be placed all over our Historic District decorated by Village groups and organizations. These creative bridges will engage the imaginations of residents and visitors throughout the summer. The bridges will be temporarily removed for Strawberry Fest and will continue to be displayed until our September auction.

In September, during our grand celebration weekend, September 17th and 18th, judges will select 1st, 2nd and 3rd place Bridge design winners. There are no prizes, only recognition for the participants. The Bridges will be auctioned to the highest bidders at our final event, a party on September 18th. 100% of all proceeds from the auction will be donated to Northern Illinois Food Bank. We hope to hold the Village party at our fire station.

Other weekend activities include:

EarthFest will take place in our beautiful Buffalo Creek Park on September 17th. Children will have many engaging hands-on opportunities to create nature projects, that will include making seed balls as well as beautiful butterflies out of craft materials.

Long Grove Amazing Race will invite teams to compete in challenging tasks throughout our Historic Business District on September 18th. Be sure to come watch the fun, cheer on your friends or be brave and sign up to be a "contestant." No \$1,000,000 winners, but a whole lot of fun and Village pride

Long Grove Neighbors will accept donations from others in the form of goods, services and money. All checks received shall be made out to "Food for Others," a non profit organization and held in a bank account of the same name. All donations will be used to cover the costs of the anniversary celebration. Any profits will be donated to the Northern Illinois Food Bank along with 100% of the money received from the auction of the bridges. Long Grove Neighbors financial records shall be open for review by the LGBCP and the Board of Trustees.

Should we wish to add other activities or events, Long Grove Neighbors will discuss and seek approval from the LGBCP. Our goal is to work in conjunction with all Village entities and have all required approvals.

Marcia L. Marshall, on behalf of Long Grove Neighbors
April 20, 2016

From: Jane Wittig jkwittig@comcast.net
Subject: FW: Use of Buffalo Creek Park
Date: April 15, 2016 at 9:04 AM
To: info@onelonggrove.org

JW

Marcia-

Responding to your query on the use of Buffalo Creek Park:

Yes, the park would be available.

Please know that we have no water in the park, no restrooms in the park and no trash receptacles in the park. As such, we assume that plans are underway to provide these services elsewhere within the village.

There is only one electrical outlet (in the gazebo) which can support a sound system, but would support additional loads. We will check to be sure it is working.

Also- No alcohol is permitted on any park district property

There is a modest fee for any group usage

Basically, the park is designed as open green space for strolling and relaxing.

If you would like to utilize the park, understanding these limitations, let me know and I'll forward to you a usage application. In the meantime we will hold these dates for you.

Sincerely,

Jane Wittig
President, Long Grove Park District

Maggie - owner of Art School Bldg -

Mike Demar:

If it's OK with Sal, we are ok. Best. Mike

----- Forwarded message -----

From: Paul Kim <paulk_1@sbcglobal.net>
Date: Tuesday, April 19, 2016
Subject: Approval please
To: Riley McGaughy <fancie243@gmail.com>

Approved

Paul Kim
Pinetree Management

Marcia, I am happy to put one of the bridges on our property as long as Mike can help secure it so it won't tip over.

Mary Ann Ullrich

----- Forwarded message -----

From: Gene Albert <genealbert16@gmail.com>
Date: Mon, Apr 18, 2016 at 1:45 PM
Subject: Re: Small Bridge
To: Bobbie O'Reilly <oreilly@weichertmckee.com>

Sure

Sent from my iPhone

> On Apr 18, 2016, at 1:33 PM, Bobbie O'Reilly <oreilly@weichertmckee.com> wrote:

>

> Can I have your permission to have one of the small bridges in celebration of our 60th year of incorporation and 180th year of settlers arriving? Some of my agents will be decorating it for the celebration.

- >
- > --
- > Bobbie O'Reilly
- > Managing Broker - Owner
- > WEICHERT REALTORS-McKee Real Estate
- > 145 Old McHenry Road
- > Long Grove, IL 60047
- > [847-634-6500](tel:847-634-6500) Office
- > [847-275-5050](tel:847-275-5050) Cell

On Apr 19, 2016, at 8:12 AM, Lynne Jankovec <OLIVIASPASTLG@MSN.COM> wrote:

Hi Marcia,

My Landlord is out of town. But I know he will allow it. No worrrys!

Lynne Jankovec

Olivias Boutique

