

Visitors' Business:

Special Events & Signage Applications:

Long Grove Irish Days – September 3-5th

Historical Society Ghost Walk – October 28th

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

RECEIVED

AUG 05 2016

VILLAGE OF LONG GROVE

An LGBCP Event

Long Grove Irish Days September 3,4,5 Sat 10-9pm Sun 10-9pm

Event Application	6/21/2016
Date & Time	September 3, 4, 5 Sat 10-9pm Sun 10-9pm
Site Plan	Fountain Square Location
Property Owner Permission	Request
COI & Waiver Certificates	Pending Application
Roads & Barricades	NA
Security & Sheriff	1 Reserve officer to handle any issues
Signage	Banners, street signs like political size
Electrical	
Vendors & Support Docs.	Pending
Temp Liquor License App.	Attached
App. To Conduct Raffle	NA
Applicable Fees	Request Waiver for Charitable Org.

Application Received:

Reviewed by LGBCP Events Committee: 6/25/16 Approved Rejected
 Pending:

Reviewed by LGBCP Board: 6/21/16 Approved Rejected
 Pending:

Reviewed by Village Board of Trustees: ___/___/___ Approved Rejected
 Pending:

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

An LGBCP Event
Long Grove Irish Days September 3,4,5 Sat 10-9pm Sun 10-9pm

Event Application	6/21/2016
Date & Time	September 3, 4, 5 Sat 10-9pm Sun 10-9pm
Site Plan	Fountain Square Location
Property Owner Permission	Request
COI & Waiver Certificates	Pending Application
Roads & Barricades	Will close part of Archer Rd. for safety reasons near Fountain Square.
Security & Sheriff	1 Reserve officer to handle any issues
Signage	Banners, street signs like political size
Electrical	NA
Vendors & Support Docs.	Pending
Temp Liquor License App.	Attached
App. To Conduct Raffle	NA
Applicable Fees	Request Waiver for Charitable Org.

Application Received:	
Reviewed by LGBCP Events Committee: <u>6 / 5 / 2016</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by LGBCP Board: <u>6 / 21 / 2016</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by Village Board of Trustees: <u> / / </u>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	

***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 6 / 21 / 2016

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: IRISH Days _____ Location(s) in the B1 District: Yes _____

CONTACT INFO: NAME: _____ Marian Ward _____ E-MAIL: marianward2@yahoo.com

CELL: _____ OTHER: 847-634-2399

Description/Type of Event:

A Celebration of all things Irish: Food, Dance, Music, Culture.

Estimated Number of Attendees

Estimated Number of Vendors

Event Date / Dates & Time:

Day 1 - Date: __Sep 3____ Hours: __10__ to __9pm__

Day 2 - Date: __Sep 4____ Hours: __10__ to __9pm__

Day 3 - Date: __Sep 5____ Hours: __10__ to __6pm__

Set Up - Date: ____Sep 2____ Hours: __5__ to __7pm__

Dismantling - Date: ____Sep 5____ Hours: __6__ to __9pm__

EVENT ORGANIZER: Company or Organization

____LGBCP_____

Street Address: _____ 308 Old McHenry Road City: __LG__ State IL__ Zip: 60047____

Phone Number: _____ Cell Number: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

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 # 1 Hours 10 to 9pm _____
- 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..

Already in Place

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	3			
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.

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	\$ _____

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

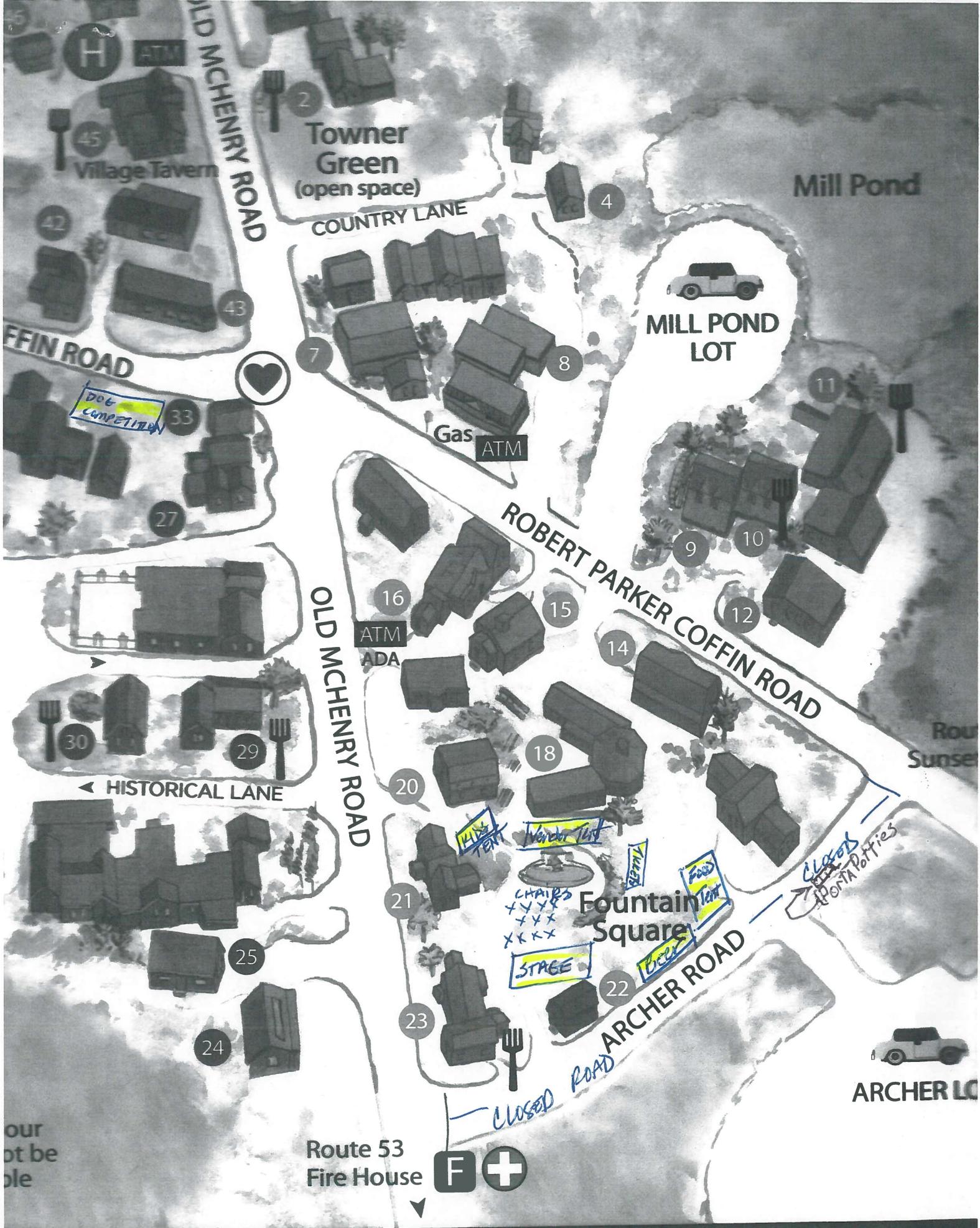
I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected 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 Mary Wick 6/5/16
Signature of Applicant Date

LGBCP Board Approval Mary Wick 6/2/16
Events Committee Chair Signature Date

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



our
ot be
ble

Route 53
Fire House



RESTROOM

ANNUAL LONG GROVE HISTORICAL SOCIETY GHOST WALK
October 28, 2016

Event Application	
Date & Time	10/28/2016 Setup 5:00-7:00pm Take down 10-11:00pm Runs 7-9:30pm
Site Plan	Description shows walks on public property in Downtown Tours run 45 minutes each.
Property Owner Permission	NA
COI & Waiver Certificates	
Roads & Barricades	NA
Security & Sheriff	NA
Signage	NA
Electrical	NA
Vendors & Support Docs.	NA
Temp Liquor License App.	NA
App. To Conduct Raffle	NA
Applicable Fees	

Application Received:	
Reviewed by LGBCP Events Committee: <u>8 / 16 / 2016</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by LGBCP Board: <u>8/16/2016</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by Village Board of Trustees: <u> / / </u>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	



SPECIAL EVENT APPLICATION

- FOR OFFICE USE ONLY**
- Site Plan
 - Raffle Application
 - Temp. Liquor License App.
 - Event Application
 - Property Owner Permission
 - Insurance Certificate

Please complete this form in its entirety. This application must be submitted a minimum of 90 days prior to the event.

Applications should be mailed, faxed or e-mailed to the Long Grove Business and Community Partners (LGBCP) and the Village of Long Grove:

Information Center
308 Old McHenry Road
Long Grove, IL 60047

847-634-0888
Fax: 847-634-3673
infocenter@longgrove.org

Sherry Shlagman
Village of Long Grove
3110 RFD

Long Grove, IL 60047
847-634-9440
Fax: 847-634-9408
sshlagman@longgrove.net

Submittal Date: July 8, 2016 Date Received by LGBCP: 8/16/16

EVENT INFORMATION

Event Name & Location(s): Annual Long Grove Historical Society's Ghost Walk
Description/Type of Event: Guided tours through the historic downtown with several historic themed, staged skits that have a spooky flavor.

Event Date: _____ Hours: 7pm to 10pm

Set Up for Event

Date: 10/28/2016
Hours: 5pm to 7pm

Dismantling of Event

Date: 10/28/2016
Hours: 10pm to 11pm

Estimated Number of Attendees: _____

Estimated Number of Vendors: None

Sponsoring Organization: Long Grove Historical Society

Street Address: 338 Old McHenry Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847 478-5140 Fax Number: _____

Contact Person: Aaron Underwood Phone Number: 847-478-5140

E-mail Address: Aaron @ aunder.com

We would like to use Sunset Pavilion as our starting point. The route will be on public property with each tour lasting about 45 minutes. While the number of pedestrians created by our event would fall within normal public use of the downtown, it's likely unusually high for the after dark hours, so whatever assistance we can get with safe pedestrian use of the downtown crosswalks would be appreciated.

Additional Information

Include with this application the following:

1. A site plan of all areas of the B-1 District covered by the event. On the plan, mark the sanitary facilities and auxiliary parking lots (if applicable).
2. Written permission from property owners
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured.
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies.
5. Provide the number of security and police officers needed and the times for each (if required per approval) (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

6. Indicate whether there will be any of the following:
(before ordering banners or temporary signs, check with the Village Planner – 847-634-9440)

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

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

7. Indicate promotional materials and advertising to be used (check all that apply):

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

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

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	None			
Waste Disposal/Garbage				
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. Sales tax rate for the Village of Long Grove is 8%. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**
11. If there is a charity involved or benefiting from this event, please provide the name of the charity, contact name and a phone number. *Long Grove Historical Society*
12. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.*
13. Liquor – Submit “Temporary Liquor License” Application. **Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at www.illinois.gov/license.cfm.***

* For additional copies of the Event Application or to obtain an Application for License to Conduct Raffle, or Temporary Liquor License Application please visit the Village of Long Grove website at www.longgrove.net. Applications can be found under the heading “Administration.”

All the information submitted is as part of an application to the Long Grove Business and Community Partners to obtain their recommendation to the Village Board to hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge.

Please read this form carefully and be aware that in signing up and participating in this event you will be waiving and releasing all claims arising out of this program. In consideration of the Village sponsoring and providing the above event and accepting me as a participant in the above event, I agree as follows:

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

INDEMNITY AND DEFENSE

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



Signature of Applicant

7/8/2016
Date