

Visitors' Business:

The Village Tavern Special Events:

Illinois Booze & Blues

Veterans Event Free Pig Roast

Labor Day Weekend

Oktoberfest & Applefest

Oktoberfest

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

SUMMERFEST VILLAGE TAVERN
June 24, 25, 26
11:30- 6:00pm Fri & Sat 11:30-5:00pm Sunday

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but set up 6/23 Take Down 6/27
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
	Security & Sheriff	NA
X	Signage	Banners Only
	Electrical	NA
	Vendors & Support Docs.	NA
	Temp Liquor License App.	NA
	App. To Conduct Raffle	NA
X	Applicable Fees	Check

Application Received:	Received 2/16/ 2016	
Reviewed by LGBCP Events Committee:	<u>3/2/16</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:		
Reviewed by LGBCP Board:	<u>3/15/16</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 ____/____/____
____/____/____

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: Summer Fest / Strawberry Location(s) in the B1 District: THE VILLAGE TAVERN

CONTACT INFO: NAME: MARY ANN KETTER E-MAIL: LONGGROVEVT@GMAIL

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event:

TENT AND BEER TRUCK next to TAVERN

Estimated Number of Attendees ? Estimated Number of Vendors NONE

Event Date / Dates & Time:

Day 1 - Date: 6/24 Hours: 11:00 to 10:00

Day 2 - Date: 6/25 Hours: 11:30 to 6:00

Day 3 - Date: 6/26 Hours: 11:30 to 5:00

Set Up - Date: 6/23 Hours: 9:00 to _____

Dismantling - Date: 6/27 Hours: 9:00 to _____

EVENT ORGANIZER: Company or Organization The Village Tavern

Street Address: 135 Old McHenry City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Contact Person: SAM E 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 # 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 – jhoque@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

9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor	<i>1</i>	<i>Chais</i>	<i>JACKS TRAILS</i>	<i>847-775-1111</i>
Other			<i>3247 Monroee St</i> <i>Waukegan</i>	

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 _____
Signature of Applicant

_____/_____/_____
Date

LGBCP Board Approval _____
Events Committee Chair Signature

_____/_____/_____
Date

Village Board of Trustees Approval

Village Representative Signature

____/____/____
Date

Strawberry Fest - Summer

6/24 - 6/26



THE VILLAGE TAVERN

BEER TRUCK


30
x
40
TENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2016

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 POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076		CONTACT NAME: Dorota Maciasz PHONE (A/C No. Ext): (847) 679-7350 E-MAIL ADDRESS: dorotam@tacummings.com FAX (A/C. No): (847) 679-7361	
INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047		INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company NAIC: 15571 INSURER B: Accident Fund Insurance 10166 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2016-2017 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300, MED EXP (Any one person) \$ 5, PERSONAL & ADV INJURY \$ 1,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS - COMPI/OP AGG \$ 2,000, \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 2,000, AGGREGATE \$ 2,000, \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500, E.L. DISEASE - EA EMPLOYEE \$ 500, E.L. DISEASE - POLICY LIMIT \$ 500,
A	Liquor Liability			LL96684	4/14/2016	4/14/2017	LIMIT \$1,000,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Brews & Blues and Veterans Concert 7/23 & 7/24/16. Labor Day Weekend 9/3-9/5/16. Oktoberfest & Apple Fest 9/17 & 18, 9/24 & 9/25/16. Oktoberfest 10/1 & 10/8-10/9/16. Hayrides: 9/3,4,5., 9/17 & 18., 10/1 & 2., 10/8 & 9.
 The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

CERTIFICATE HOLDER The Village of Long Grove 3110 Old McHenry Rd	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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DATE (MM/DD/YYYY)
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	<input checked="" type="checkbox"/> ALL COVERED AUTOS <input checked="" type="checkbox"/> HIREN AUTOS <input checked="" type="checkbox"/> UMBRELLA LIAB. <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE	X	BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	<input checked="" type="checkbox"/> WC STATUTE <input type="checkbox"/> OTHER LIMITS <input type="checkbox"/> E.L. EACH ACCIDENT <input type="checkbox"/> E.L. DISEASE - CA EMPLOYEE <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT	Y/N	MCV6040100	1/24/2016	1/24/2017	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - CA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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ACORD 25 (2010/05)

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INS025 (2/1/16)

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EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Booze , Brews & Blues VILLAGE TAVERN
July 23, 2016
12-6:00pm Saturday

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but Take Down 7/25
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
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X	Signage	Banners Only
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	App. To Conduct Raffle	NA
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***2016 EVENT ORGANIZER APPLICATION**
LONG GROVE B-1 HISTORIC BUSINESS DISTRICT
SPECIAL EVENT APPLICATION

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

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 - Vendors & Support Docs.
 - Temp. Liquor License App.
 - App. To Conduct Raffle
 - Applicable Fees

FOR OFFICE USE ONLY	
Received by LGBCP _____/_____/_____ _____/_____/_____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
By LGBCP Board of Directors	
Submitted to Village Hall _____/_____/_____ _____	<input type="checkbox"/> Approved <input type="checkbox"/> 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: 4th Annual Boozin, Brewin & Blues Location(s) in the B1 District: The Village Tavern.

CONTACT INFO: NAME: Marg Ann Ulrich E-MAIL: longgrovevent@gmail.com

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event:

40x80 TENT SAMPLING BEER + CRAFT SPIRITS
ALONG WITH BLUES MUSIC

Estimated Number of Attendees 200 - 300 Estimated Number of Vendors THE VILLAGE TAVERN

Event Date / Dates & Time:

Day 1 - Date: 7/23 Hours: 12:00 to 6:00

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: _____ Hours: _____ to _____

Dismantling - Date: 7/25 Hours: 8:00 to _____

EVENT ORGANIZER: Company or Organization THE VILLAGE TAVERN

Street Address: 135 OLD McHENRY RD City: L.G. State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Contact Person: SAME 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 # — 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..

9. **OUTSIDE SERVICES** – must be supplied by a licensed / insured provider, conform to LGBCP appearance guidelines and are subject to Village Fire Marshall and Sheriff inspection / approval.

Service	Qty.	Contact	Company	Phone
Sanitation / Port-o-lets				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging		Blues Band	2-6	
White Tent, Rental, Labor	40x80	Chairs	JACKS TENTS	947-775782
Other			WALKERGAN	

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)	\$ 25
	\$ 75
Other: _____	\$ _____

TOTAL FEES \$ 75

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.

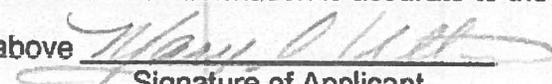
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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  2/6/16
Signature of Applicant Date

LGBCP Board Approval _____ 1/1
Events Committee Chair Signature Date

Village Board of Trustees Approval

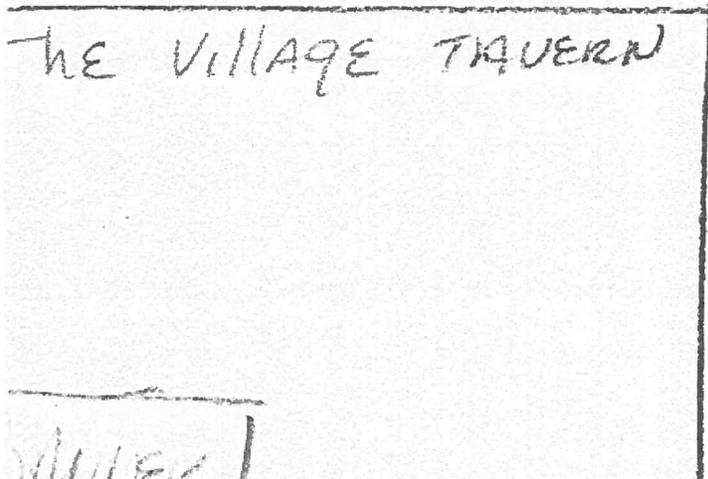
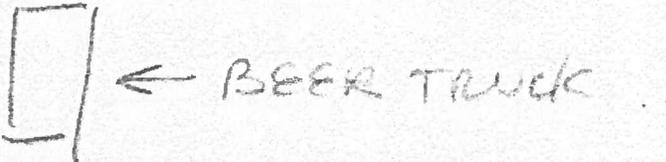
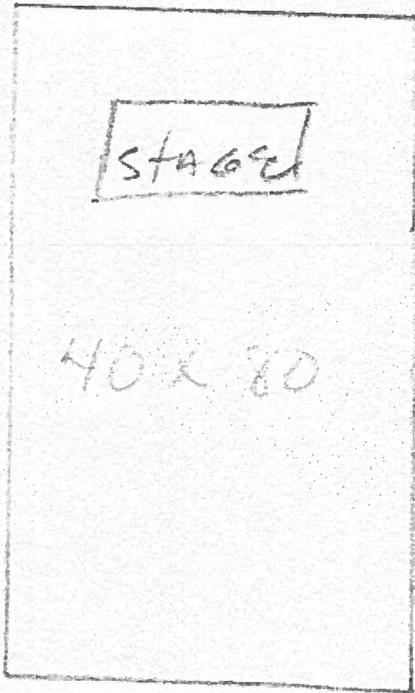
Village Representative Signature

____/____/____
Date

ILLINOIS BOOZE, BREWS & BLUES
&
VETERANS CONCERT

* RED/WHITE & BLUE FEATHERED FLAGS

BANNER ON FRONT PORCH ONE WEEK
TO THE EVENT





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
2/5/2016

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 POLICY 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 certificate holder in lieu of such endorsement(s).

PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076	CONTACT NAME: Dorota Maciasz PHONE (A/C, No, Ext): (847) 679-7350 FAX (A/C, No): (847) 679-7361 E-MAIL ADDRESS: dorotam@tacummings.com																					
INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC</th> </tr> <tr> <td style="width: 70%;">INSURER A: Illinois Casualty Company</td> <td colspan="2" style="text-align: center;">15571</td> </tr> <tr> <td>INSURER B: Accident Fund Insurance</td> <td colspan="2" style="text-align: center;">10166</td> </tr> <tr> <td>INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC	INSURER A: Illinois Casualty Company	15571		INSURER B: Accident Fund Insurance	10166		INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER: 2016-2017** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBRINDED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR CENTL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-TECT <input type="checkbox"/> LOC			BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300, MED EXP (Any one person) \$ 5, PERSONAL & ADV INJURY \$ 1,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS - COMP OP AGG \$ 2,000, \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS 10,000 <input checked="" type="checkbox"/> CLAIMS-MADE			UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 2,000, AGGREGATE \$ 2,000, \$
B	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	WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500, E.L. DISEASE - EA EMPLOYEE \$ 500, E.L. DISEASE - POLICY LIMIT \$ 500, \$
A	Liquor Liability			LL96684	4/14/2016	4/14/2017	LIMIT \$1,000,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Brews & Blues and Veterans Concert 7/23 & 7/24/16 Labor Day Weekend 9/3-9/5/16. Oktoberfest & Apple Fest 9/17 & 18, 9/24 & 9/25/16. Oktoberfest 10/1 & 10/8-10/9/16. Hayrides: 9/3,4,5., 9/17 & 18., 10/1 & 2., 10/8 & 9.
 The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

CERTIFICATE HOLDER The Village of Long Grove 3110 Old Mchenry Rd	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2016

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PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076	CONTACT NAME: Dorota Maciasz PHONE (A/C No. Ext): (847) 679-7350 FAX (A/C No.): (847) 679-7361 EMAIL ADDRESS: dorotam@tacummings.com
INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047	INSURER(S) AFFORDING COVERAGE INSURER A Illinois Casualty Company 15571 INSURER B Accident Fund Insurance 10166 INSURER C INSURER D INSURER E INSURER F

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INSR. CAT.	TYPE OF INSURANCE	ADDL. SUBR. INSR. LTR.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input checked="" type="checkbox"/> UNPAID AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> UNSCHEDULED AUTOS	BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> CLAIMS-MADE	UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED (Mandatory in NH) Wages and benefits (DESCRIPTION OF OPERATIONS)	Y/N N/A	WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> NO STATUTORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		LL96684	4/14/2016	4/14/2017	LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Braws & Blues and Veterans Concert 7/23 & 7/24/16.
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The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

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

ACORD 25 (2010/05)

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INS025 (12/10)

The ACORD name and logo are registered marks of ACORD.

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Free Veterans Concert & Pig Roast VILLAGE TAVERN
July 24, 2016
12-6:00pm Sunday

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but Set up 7/22 and Take Down 7/25
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
	Security & Sheriff	NA
X	Signage	Banners & Temporary signs
	Electrical	NA
	Vendors & Support Docs.	NA
	Temp Liquor License App.	NA
X	App. To Conduct Raffle	Received 2/16/ 2016 Raffle 7/1 - 7/24
X	Applicable Fees	Same weekend as Booze, Brews Blues ????

Application Received:	Received 2/16/ 2016
Reviewed by LGBCP Events Committee:	<u>3 / 2 / 16</u> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by LGBCP Board:	<u>3 / 15 / 16</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 _____ / _____ / _____ Approved Rejected

Submitted to Village Hall _____ / _____ / _____ Approved Rejected _____ / _____ / _____

By LGBCP Board of Directors
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 ^{8/15}
 Event Title: FREE VETERANS CONCERT & PICNIC Location(s) in the B1 District: _____

CONTACT INFO: NAME: MARY ANN LEMICK E-MAIL: LONGGROVEVENT@GMAIL.COM

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event: FREE VETERANS CONCERT @ Big Road
40X80 TENT with MUSIC & SEATING
Raffle to BENEFIT TWO VETERANS GROUPS
VFW 5151 & Midwest Veterans Closet

Estimated Number of Attendees 700-900 Estimated Number of Vendors THE VILLAGE

Event Date / Dates & Time:

Day 1 - Date: 7/24 Hours: 11:00 to 8:00

Day 2 - Date: _____ Hours: _____ to _____

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 7/22 Hours: 8:00 to _____

Dismantling - Date: 7/25 Hours: 8:00 to _____

EVENT ORGANIZER: Company or Organization THE VILLAGE TAVERN

Street Address: 135 Old McHenry Rd City: Long Grove State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Contact Person: SHANE 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 # _____ 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 – jhoque@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	2		Waste Management	
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging		MUSIC 12:00 - 8:00		
White Tent, Rental, Labor	40x80	PHILIS	JACKS TENTS	SAME
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.

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✓ 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)	\$ 75
Other: _____	\$ _____
TOTAL FEES	\$ _____

SAME WEEKEND

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 *[Signature]*
Signature of Applicant

21/6/16
Date

LGBCP Board Approval _____
Events Committee Chair Signature

1/1
Date

Village Board of Trustees Approval

Village Representative Signature

____/____/____
Date

T ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Labor Day Weekend VILLAGE TAVERN	
September 3, 4, 5, 2016	
11:30-6:00pm Saturday & Sunday	11:30am - 5:00pm Monday

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but Set up 9/2 and Take Down 9/6
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
	Security & Sheriff	NA
X	Signage	Banners only
	Electrical	NA
	Vendors & Support Docs.	NA
	Temp Liquor License App.	NA
X	App. To Conduct Raffle	Received 2/16/ 2016
X	Applicable Fees	Check \$75

Application Received:	Received 2/16/ 2016	
Reviewed by LGBCP Events Committee:	<u>3 / 2 / 16</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:		
Reviewed by LGBCP Board:	<u>3 / 15 / 16</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 <u>2/1/16</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Submitted to Village Hall <u> </u> / <u> </u> / <u> </u>	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <u> </u> / <u> </u> / <u> </u>
	By LGBCP Board of Directors
	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: Labor Day Weekend Location(s) in the B1 District: The Village

CONTACT INFO: NAME: Mary Ann Whitch E-MAIL: longgrove111@com

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event: LABOR DAY WEEK-END
20x40 TENT, BEER TRUCK, ANTIQUE TRACTORS
MUSIC & FREE HAY RIDES

Estimated Number of Attendees ? Estimated Number of Vendors THE VILLAGE

Event Date / Dates & Time:

Day 1 - Date: 9/3 Hours: 11:30 to 6:00

Day 2 - Date: 9/4 Hours: 11:30 to 6:00

Day 3 - Date: 9/5 Hours: 11:30 to 5:00

Set Up - Date: 9/2 Hours: 8:00 to _____

Dismantling - Date: 9/6 Hours: 8:00 to _____

EVENT ORGANIZER: Company or Organization THE VILLAGE TAVERN

Street Address: 135 Old McHenry City: Long Grove State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Contact Person: SAIME 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	# _____	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 – jhoque@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				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging	NO STAGING		1pm to 4pm	
White Tent, Rental, Labor	20x40	Chino	Jacks Tents	same
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)	\$ 25
	\$ 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.

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I have read and understand the above _____
Signature of Applicant

2/16/16
Date

LGBCP Board Approval _____
Events Committee Chair Signature

1/1
Date

Village Board of Trustees Approval

Village Representative Signature

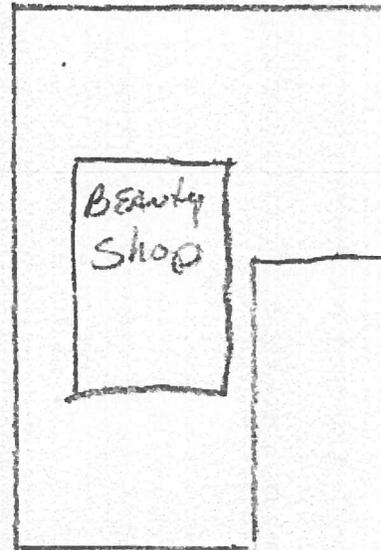
____/____/____
Date

LABOR Day WEEK END

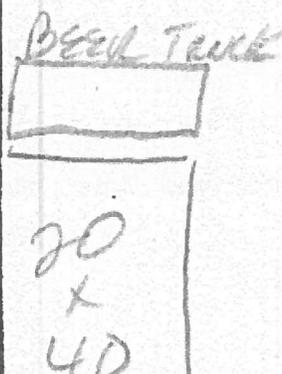
Antique TRACTOR Show

FREE Hay Rides 12-5

* Feathered FLAG - BEER



THE VILLAGE TAVERN





CERTIFICATE OF LIABILITY INSURANCE

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 LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, THE 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 available under the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute an endorsement of the certificate holder in lieu of such endorsement(s).

PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076	CONTACT NAME: Dorota Maciasz PHONE (A/C, No. Ext): (847) 679-7350 FAX (A/C): E-MAIL ADDRESS: dorotam@tacummings.com <hr/> INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company INSURER B: Accident Fund Insurance INSURER C: INSURER D: INSURER E: INSURER F:
--	--

COVERAGES **CERTIFICATE NUMBER: 2016-2017** **REVISION NUMBER**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DESCRIPTION
A	GENERAL LIABILITY			BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
A	AUTOMOBILE LIABILITY			BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Each accident)
	<input type="checkbox"/> ANY AUTO						
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTIONS 10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMP
A	Liquor Liability			LL96684	4/14/2016	4/14/2017	LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Brews & Blues and Veterans Concert Labor Day Weekend 9/3-9/5/16. Oktoberfest & Apple Fest 9/17 & 18, 9/24 & 9/25/16. Oktoberfest & 10/8-10/9/16. Hayrides: 9/3,4,5., 9/17 & 18., 10/1 & 2., 10/8 & 9.
 The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are...

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Oktoberfest & Applefest VILLAGE TAVERN
September 17 & 18, 2016 September 24 & 25
11:30-6:00pm Saturday & Sunday

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but Set up 9/16 and Take Down 9/26
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
	Security & Sheriff	NA
X	Signage	Banners & Temporary signs "Feather Flags"
	Electrical	NA
	Vendors & Support Docs.	NA
	Temp Liquor License App.	NA
X	App. To Conduct Raffle	Received 2/16/ 2016
X	Applicable Fees	Check \$75

Application Received:	Received 2/16/ 2016	
Reviewed by LGBCP Events Committee:	<u>3/2/16</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:		
Reviewed by LGBCP Board:	<u>3/15/16</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:		
Reviewed by Village Board of Trustees:	<u> </u> / <u> </u> / <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 2/16/16
____/____/____

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: October & Apple Fest Location(s) in the B1 District: The Village The

CONTACT INFO: NAME: MARY ANN WIRK E-MAIL: longgroveute@gmail

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event:

20x40 TENT NEXT TO TAVERN & BEER TRUCK
FREE HAY RIDES 9/17 & 18

Estimated Number of Attendees ? Estimated Number of Vendors The Village Tavern

Event Date / Dates & Time:

Day 1 - Date: 9/17 & 18 Hours: 11:30 to 6:00

Day 2 - Date: 9/24 & 25 Hours: 11:30 to 6:00

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 9/16 Hours: 8:00 to _____

Dismantling - Date: 9/26 Hours: 8:00 to _____

EVENT ORGANIZER: Company or Organization The Village Tavern

Street Address: 195 Old McHenry Rd City: Long Grove State: IL Zip: 60047

Phone Number: _____ Cell Number: _____

Contact Person: SAM E 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 # _____ 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 – jhoque@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				
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging				
White Tent, Rental, Labor	20x40	Chais	TACKS TENTS	SAME
Other			WAVEGAN	

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)	\$ 25
	\$ 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.

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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.

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I have read and understand the above

Wayne Williams
Signature of Applicant

2/6/16
Date

LGBCP Board Approval _____

Events Committee Chair Signature

1/1
Date

Village Board of Trustees Approval

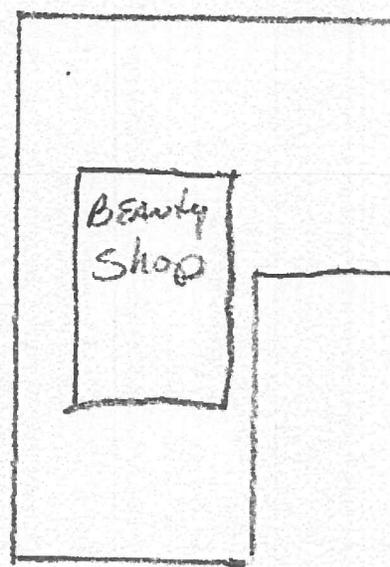
Village Representative Signature

____/____/____
Date

OKtoberfest & Apple Fest

* Feather Flags "OKtoberfest"

FREE Hay Rides 9/17 & 9/18
through town



THE VILLAGE TAVERN

BEER TRUCK

20
x
40

BANNER
out



CERTIFICATE OF LIABILITY INSURANCE

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 DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, THE INSURED, THE 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 provided, the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute an endorsement by the certificate holder in lieu of such endorsement(s).

PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076	CONTACT NAME: Dorota Maciasz PHONE (A/C No. Ext): (847) 679-7350 FAX (A/C): E-MAIL ADDRESS: dorotam@tacummings.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Illinois Casualty Company	
INSURER B: Accident Fund Insurance	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Village Tavern of Long Grove, Inc.
 135 Old McHenry Rd.
 Long Grove IL 60047

COVERAGES **CERTIFICATE NUMBER: 2016-2017** **REVISION NUMBER**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DESCRIPTION
A	GENERAL LIABILITY						EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BP34982	4/14/2016	4/14/2017	MED EXP (Any one persc)
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJU
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIM (Ea accident)
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per per
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			BP34982	4/14/2016	4/14/2017	BODILY INJURY (Per ac
							PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			UL15011	4/14/2016	4/14/2017	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below			WCV6040100	1/24/2016	1/24/2017	E.L. DISEASE - EA EMP
A	Liquor Liability			LL96684	4/14/2016	4/14/2017	LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Brews & Blues and Veterans Concert Labor Day Weekend 9/3-9/5/16. Oktoberfest & Apple Fest 9/17 & 18, 9/24 & 9/25/16. Oktob & 10/8-10/9/16. Hayrides: 9/3,4,5., 9/17 & 18., 10/1 & 2., 10/8 & 9.
 The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) ar



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2016

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PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076 INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047	CONTACT NAME: Dorota Maciasz PHONE (A/C, No. Ext): (847) 679-7350 FAX (A/C, No): (847) 679-7361 E-MAIL ADDRESS: dorotam@tacummings.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A Illinois Casualty Company NAIC # 15571
	INSURER B Accident Fund Insurance 10166
	INSURER C
	INSURER D
	INSURER E
	INSURER F

COVERAGES CERTIFICATE NUMBER: 2016-2017 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDC SUBR (INSR) (POLY)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAW-SHARE <input checked="" type="checkbox"/> CCORR	X	BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP CP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-SCHEDULED AUTOS		BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> CCORR EXCESS LIAB <input type="checkbox"/> CLAIMS-WAIVE		UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER/EMPLOYEE OFFICER/OWNER EXCLUDED Hazardous (to RH) Limit per employee DESCRIPTION OF OPERATIONS		NCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		LL96684	4/14/2016	4/14/2017	LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

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

EVENT ORGANIZER SPECIAL EVENT APPLICATION CHECKLIST

Oktoberfest VILLAGE TAVERN	
October 1 & 2, 2016	October 8 & 9
11:30-7:00pm Saturday & Sunday	8:00am - 7:00pm

X	Event Application	Received 2/16/ 2016
X	Date & Time	As above but Set up 9/30 and Take Down 10/10
X	Site Plan	Received 2/16/ 2016
	Property Owner Permission	NA
X	COI & Waiver Certificates	Received 2/16/ 2016
	Roads & Barricades	NA
	Security & Sheriff	NA
X	Signage	Banners & Temporary signs
	Electrical	NA
	Vendors & Support Docs.	NA
	Temp Liquor License App.	NA
X	App. To Conduct Raffle	Received 2/16/ 2016
X	Applicable Fees	Check \$75

Application Received: Received 2/16/ 2016	
Reviewed by LGBCP Events Committee: <u>3/2/14</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected
Pending:	
Reviewed by LGBCP Board: <u>3/15/14</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**

- 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 2/14/16 Approved Rejected

Submitted to Village Hall / / Approved Rejected / /

By LGBCP Board of Directors
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: Oktoberfest Location(s) in the B1 District: The Village

CONTACT INFO: NAME: MARY ANN WURIC E-MAIL: LONGGROVEVT@GMAI

CELL: 847-651-8185 OTHER: 847-634-3117

Description/Type of Event:

OK to be a Fest
40x80 TENT in parking lot
ANTIQUE TRACTOR SHOW & FREE Hay Rides

Estimated Number of Attendees

Estimated Number of Vendors

Event Date / Dates & Time:

Day 1 - Date: 10/1 & 10/2 Hours: 11:30 to 7:00

Day 2 - Date: 10/8 & 10/9 Hours: 8:00 to 7:00

Day 3 - Date: _____ Hours: _____ to _____

Set Up - Date: 9/30 Hours: 8:00 to _____

Dismantling - Date: 10/10 Hours: 8:00 to _____

EVENT ORGANIZER: Company or Organization

The Village Tavern

Street Address: 135 Old McHenry City: Long Gro State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Contact Person: SAM 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 # _____ Hours _____ to _____
 - B. Traffic officers / Reserves # _____ Hours _____ to _____

- 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	1		Waste Management	
Waste Disposal				
Trash Pickup, Walks, etc.				
Music / Staging		11:00 - 10:00		
White Tent, Rental, Labor	40x80	Chairs	JACKS TENTS	
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**

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 – jhoque@longgrove.net

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)	\$ 25
	\$ 75
Other: _____	\$ _____
TOTAL FEES	\$ 75

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.

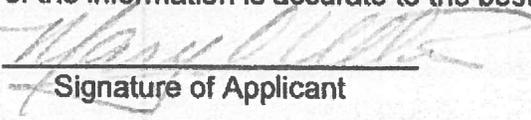
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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  2/6/16
Signature of Applicant Date

LGBCP Board Approval _____ 1/1
Events Committee Chair Signature Date

Village Board of Trustees Approval _____
Village Representative Signature

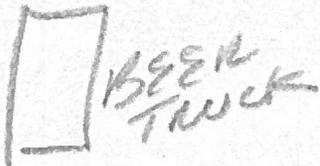
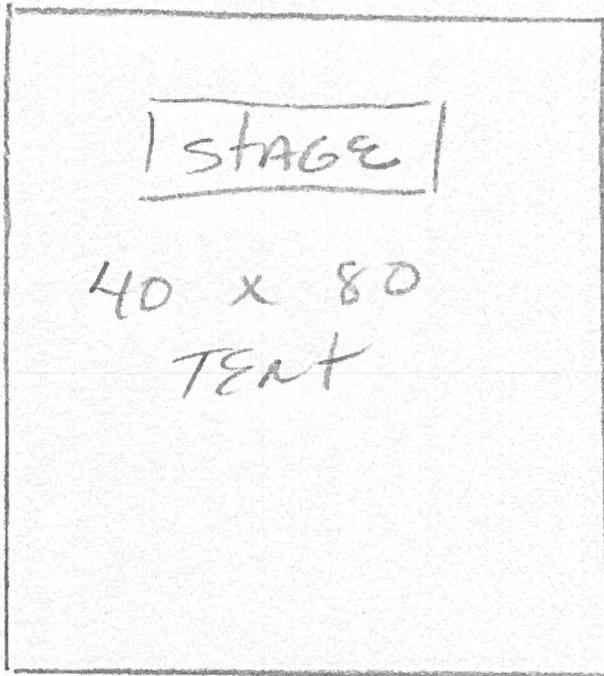
____/____/____
Date

OKTOBER FEST

BANNER - TWO WEEKS PRIOR to the

* OKTOBER FEST FEATHER FLAGS

* TRACTORS IN FRONT OF TAVERN -
Hayrides throughout town



THE VILLAGE TAVERN

BANNER



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INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047	INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company INSURER B: Accident Fund Insurance INSURER C: INSURER D: INSURER E: INSURER F:

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE LIMIT PRODUCTS - COMP/OP
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			OL15011	4/14/2016	4/14/2017	EACH OCCURRENCE
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000						AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Liquor Liability			LL96684	4/14/2016	4/14/2017	LIMIT

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2/5/2016

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 T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076		CONTACT NAME: Dorota Maciasz PHONE (AG No. Exp): (847) 679-7350 FAX (AG No.): (847) 679-7361 EMAIL: dorotam@tacummings.com ADDRESS: dorotam@tacummings.com	
INSURED Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047		INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company NAIC # 15571 INSURER B: Accident Fund Insurance 10166 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 2016-2017** **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	ADDC SUBR INSR LTR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	BP34982	4/14/2016	4/14/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BP34982	4/14/2016	4/14/2017	BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UL15011	4/14/2016	4/14/2017	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WCV6040100	1/24/2016	1/24/2017	E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
A	Liquor Liability		LL96684	4/14/2016	4/14/2017	E.L. DISEASE - POLICY LIMIT \$ 500,000
						LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Strawberry Fest 6/24, 6/25 and 6/26/2016. Booze, Brews & Blues and Veterans Concert 7/23 & 7/24/16.
 Labor Day Weekend 9/3-9/5/16. Oktoberfest & Apple Fest 9/17 & 18, 9/24 & 9/25/16. Oktoberfest 10/1 & 10/2 & 10/8-10/9/16. Hayrides: 9/3, 4, 5, 9/17 & 18, 10/1 & 2, 10/8 & 9.
 The Village of Long Grove and the Long Grove Business and Community Partners (LGBCP) are named as additional insureds as it pertains to the general liability policy per written contract required. Subject to policy terms and conditions.

CERTIFICATE HOLDER The Village of Long Grove 3110 Old McHenry Rd Long Grove, IL 60047	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 Scott Cummings/MAC100 <i>Scott Cummings</i>
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ACORD 25 (2010/05)

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INS025 (01/01/01)

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