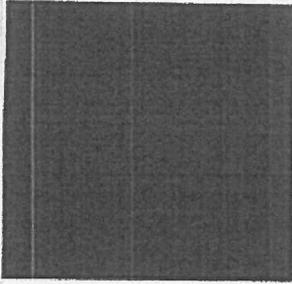


**Visitors' Business:**

**The Village Tavern Raffle License & Waiver Of Fees:  
Free Pig Roast Benefiting Veterans**



**Application for License to Conduct Raffles**

1. Name of Organization: THE VILLAGE TAVERN  
 Address: 135 Old McHenry Rd  
LONG GROVE

2. Organization Representative: VETERANS CONCERT / VFW 5  
MIDWEST

3. Telephone Number of Representative: \_\_\_\_\_

4. Type of Organization

Religious	_____	Charitable	_____	Labor	_____	Educational	_____
Business	_____	Fraternal	_____	Veterans	_____	Governmental	_____

5. Date and location in which raffle chances will be sold and raffle drawing will occur:

	<u>Raffle Date</u>	<u>Raffle Location</u>	<u>Drawing Date</u>	<u>Drawing Location</u>
1.	<u>7/1/16</u>	<u>THE VILLAGE TAVERN</u>	<u>7/24/16</u>	<u>THE VILLAGE</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

6. Please answer the following yes or no questions:

	Yes	No
a. Has the organization been in existence longer than 5 years?	<u>X</u>	_____
b. Does the aggregate retail value of prizes exceed \$100,000?	_____	<u>X</u>
c. Does the maximum retail value of each prize exceed \$50,000?	_____	<u>X</u>
d. Will the maximum price of a raffle ticket exceed \$500?	_____	<u>X</u>
e. Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity?	<u>X</u>	_____
Other reasons explain: _____		
f. Is the person conducting the raffle bonded by a \$10,000 bond?	_____	<u>X</u>
g. Are you seeking a waiver of the raffle manager bond requirement?	<u>X</u>	_____

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governi conduct of raffles.

[Signature] 2/6/16  
 Signature of Organization Officer                      Date                      Signature of Secretary                      Date

Approved by the Village of Long Grove:

4<sup>th</sup> Annual BOOZE, BREWS & BLUES

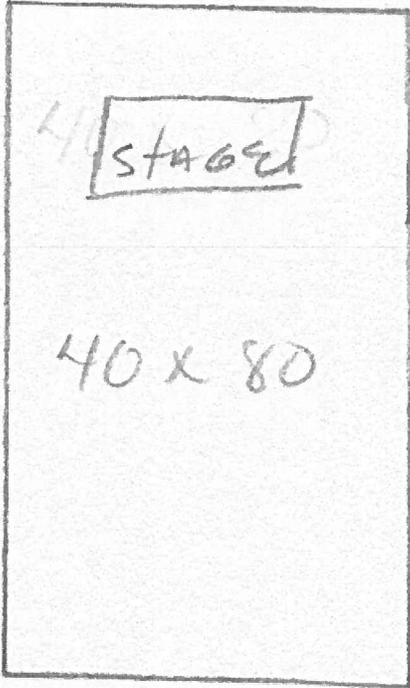
8<sup>th</sup> Annual VETERANS FREE Concert

\* Red/white & Blue Feather Flags

BANNER ON Front Porch  
TO THE EVENT

ONE WEEK

□ □ ← Port-o-Potty's



□ ← BEER TRUCK  
Pig ROAST

THE VILLAGE TAVERN

BANNER





# 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 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).

<b>PRODUCER</b> T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076		<b>CONTACT NAME:</b> Dorota Maciasz <b>PHONE (A/C No. Ext.):</b> (847) 679-7350 <b>FAX (A/C No.):</b> (847) 679-7361 <b>E-MAIL ADDRESS:</b> dorotam@tacummings.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A</b> Illinois Casualty Company NAIC # 15571	
		<b>INSURER B</b> Accident Fund Insurance 10166	
		<b>INSURER C</b>	
		<b>INSURER D</b>	
		<b>INSURER E</b>	
		<b>INSURER F</b>	

**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.

INSURER	TYPE OF INSURANCE	ADDL. SUBR. INSR. (Y/N)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		BP34982	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X				MED EXP (Per person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP CP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY		BP34982	4/14/2016	4/14/2017	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> RENTED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTO					
A	UMBRELLA LIAB	X	UL15011	4/14/2016	4/14/2017	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB					AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> RETAINED LIMIT: 10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCV6040100	1/24/2016	1/24/2017	<input checked="" type="checkbox"/> NO STATE MANDATED LIMITS
	ANY PERSONS OR PARTNER EXECUTIVE OFFICIAL MEMBER EMPLOYED (Mandatory in NH)					E.L. EACH ACCIDENT \$ 500,000
	Auto coverage under (Description of operations) table					E.L. DISEASE - CA 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, Brawls & 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.

<b>CERTIFICATE HOLDER</b>  The Village of Long Grove 3110 Old McHenry Rd Long Grove, IL 60047	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Scott Cummings/MAC100 <i>Scott Cummings</i>

ACORD 25 (2010/05)  
INS025 (Rev. 01)

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