

ITEM FOR OMINBUS VOTE CONSIDERATION

Item #1:

Downtown Special Events & Signage:

- Long Grove Cafe - Applefest
- Broken Earth Winery - Applefest
- Fountain Square - Applefest
- Long Grove Cafe - Octoberfest
- Turkey Trot - Thanksgiving Day

RECEIVED

SEP 03 2014



VILLAGE OF LONG GROVE

EVENT LICENSE APPLICATION

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. THIS APPLICATION MUST BE RECEIVED A MINIMUM OF 21 DAYS PRIOR TO THE EVENT.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|--------------------------|
| Name of Business LONG GROVE CAFE | | Phone Number 847-955-9600 | |
| Business Address 235 Robert Parker Rd | City Long Grove | State IL | Zip Code 60047 |
| Business Fax Number | IL Dept. of Revenue Business Tax Number | Type of Business/Items to be Sold Restaurant | |
| Primary Business Contact - Name and Title Jan Besbens (owner) | | Phone Number 847-722-5557 | |
| Business Contact Address 1508 RFD | City Long Grove | State IL | Zip Code 60047 |
| Applying for an event license to participate in the following special event(s): | | | |
| <input type="checkbox"/> Chocolate Festival (Sponsor - Long Grove Business and Community Partners) <input type="checkbox"/> Strawberry Festival (Sponsor - Long Grove Business and Community Partners) <input checked="" type="checkbox"/> Apple Festival (Sponsor - Long Grove Business and Community Partners) <input type="checkbox"/> Long Grove Art Fest (Sponsor - Kildeer Countryside School PTO) <input type="checkbox"/> Other _____ | | | |
| Event License Application Fee: \$25 per event for one booth (space) Each additional booth is \$25 | | | |

| Does your business, occupation or activity: | Yes | No |
|----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Sell cigarettes, tobacco or tobacco products? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sell alcoholic beverages? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Offer food services?* | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sell or offer prepared food for consumption on or off premises?* | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sell or offer food or food products intended for off premise preparation?* | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sell live animals or plants? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Copy of your Lake County Health Dept. Food Service Permit required.

The undersigned applicant does hereby state on oath that he or she knows the business to be in compliance with all of the ordinances of the Village of Long Grove and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of sanitary regulations, sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business. The applicant further understands that they are to make every effort to maintain their business and surrounding area in a clean and litter-free state.

The applicant further agrees that the Primary Business Contact is an agent for the applicant for the purposes of receiving all notices and communications under the Village Licensing requirements. The applicant also agrees and understands that the Village shall not be limited or estopped to serve citations or process upon such persons and in such manner as permitted by law.

The applicant and the applicants' officers, principals, and agents understand and agree to all applicable provisions of the Village of Long Grove Licensing requirements, including the requirement that the applicant shall agree to permit authorized Village Officials to make any necessary inspections to determine whether the applicant-licensee has complied with all regulatory requirements. The applicant further states that the applicant has complied with all applicable federal and state laws and local ordinances applying to the business, occupation or activity sought to be licensed.

I further agree to discharge, release, indemnify and hold harmless the Village of Long Grove, and their employees, agents, representatives, servants, officers, and all co-sponsors from any and all manner of action, suits, product liability, losses, damages or claims including reasonable attorney's fees, whatsoever arising now or in the future, from any loss or damages or claims, to the person or property of the undersigned.

Dated this 25 day of August, 2014.

Signature(s) of Applicant(s)

Signature

Printed Name

Signature

Printed Name

Date

Title

Date

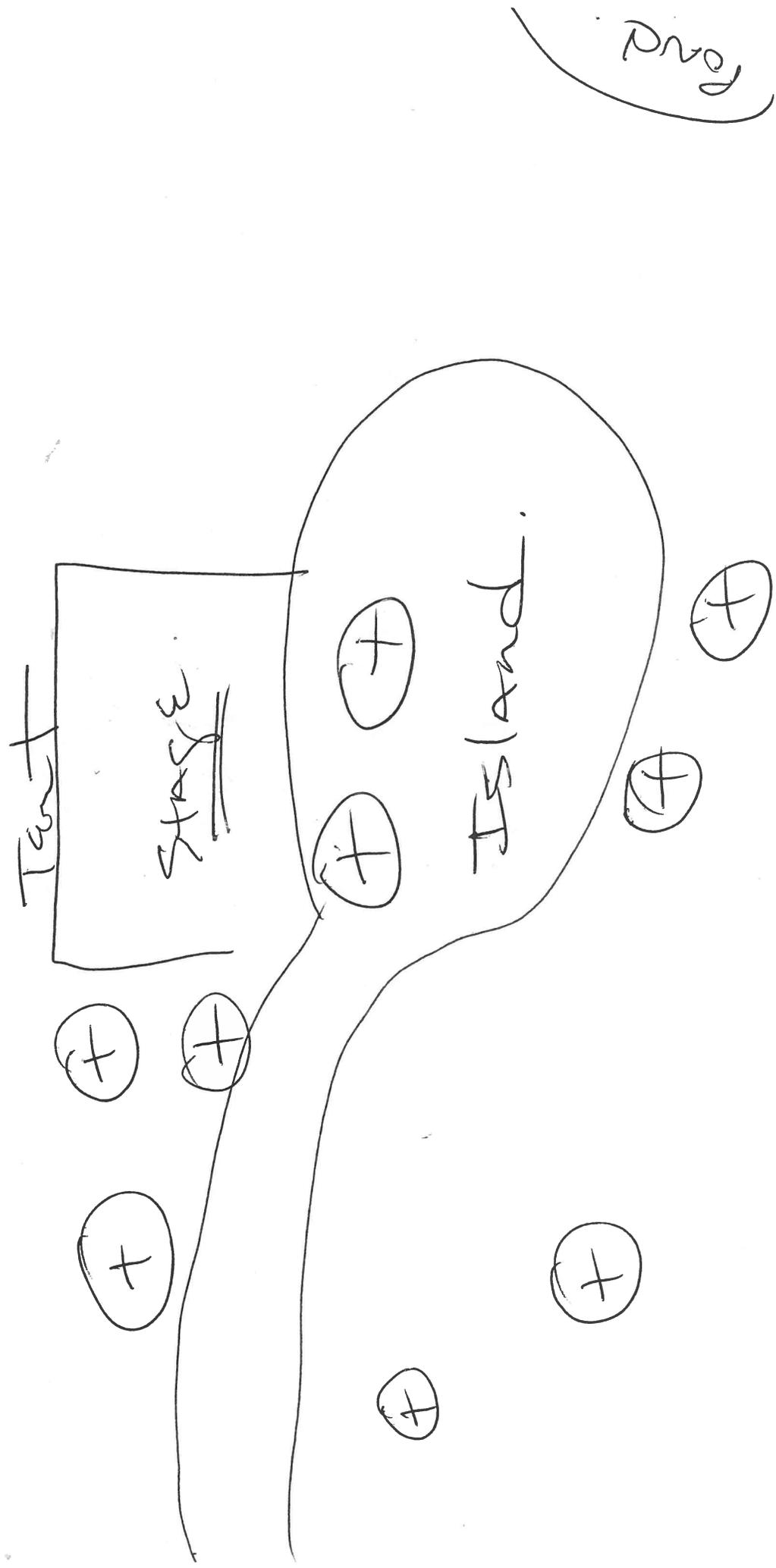
Title

Provide additional signature sheets if needed.

Before submitting your application, all questions must be answered and the application signed. Please submit your application along with a check made payable to "Star Events" and mail to:

**Star Events
1609 W. Belmont Ave., 2nd Floor
Chicago, IL 60657**

Mill Pond.



Beer Truck / corn roaster
Cafe.

LGBCP Economic Development Committee

September 8, 2014 Meeting Agenda

Present:

| | |
|-------------------------------------------------------------------|-----------------------|
| 6600 Economic Development Committee 2014 Approved Budget: | \$3,000 |
| 6602 Business Relation/Recruitment | \$2,000 Budget |
| 6604 Association Memberships | \$1,000 Budget |
| <i>Meet Chicago Northwest Actual Expense</i> | <i>\$400</i> |
| <i>Lake County, IL CVB Actual Expense</i> | <i>\$3,000</i> |
| 6605 Meetings for Businesses | \$0,000 Budget |
| 6600 Economic Development Committee 2014 Remaining Budget: | -\$400 |

CHAIRMAN/MERCHANT: N. Fino

- Current Focus: Amended Allowable Uses Update (including outstanding issues) – Project Update
- Current Focus: “Increasing Occupancy” Objective (Integrated Marketing Campaign) – Project Update
- Current Focus: Additional Eco Devo Committee Objectives – Project Update
Efforts in tandem with/or separately from Beautification Committee, etc.
Potential “Covered Bridge Renovation Program” (new opportunity for LGBCP/Eco Devo?)
Future “Under Construction/Open for Business” Program (operating during OMR construction)

CO-CHAIRMAN/PROPERTY OWNER: M. Forsythe

- tbd

LGBCP EXECUTIVE DIRECTOR: S. Fine

- tbd

VILLAGE BOARD: Manager D. Lothspeich/Trustee L. Lyman

- B & F inspection update
- Beautification shared funding program update

LGBCP CHAIRMAN/MERCHANT: R. Perkal

- tbd

CHAIRMAN EMERITUS/RESIDENT: E. Acuna

- tbd

COMMERCIAL REAL ESTATE CONSULTANT: R. Roberti

- tbd

PROPERTY OWNER/MERCHANT: R. Messner

- tbd

Next Planned Meeting: September 22 @ 8:00am/LGBCP Office



SEP 09 2014

VILLAGE OF LONG GROVE

SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

- Site Plan
- Raffle Application
- Temp. Liquor License App.
- Event Application
- Property Owner Permission
- Insurance Certificate

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

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

Information Center
307 Old McHenry Road
Long Grove, IL 60047

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

Sherry Shlagman
Village of Long Grove
3110 RFD
Long Grove, IL 60047

847-634-9440
Fax: 847-634-9408
sshlagman@longgrove.net

Submittal Date: 9-8-2014 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Apple Fest Long Grove

Description/Type of Event: _____

Event Date: 9-26 - 9-28 Hours: 10AM - 6 PM to _____

Set Up for Event

Date: 9/25/14 + 9/26
Hours: after 6pm to 8-9:30

Dismantling of Event

Date: 9/28/14
Hours: after 6pm to 9/29 8-9am

Estimated Number of Attendees: _____

Estimated Number of Vendors: _____

Sponsoring Organization: BROKEN EARTH Winery

Street Address: 215-223 Robert Parker Coffin Rd

City: Long Grove State: IL Zip Code: 60090

Phone Number: 847-541-8300 Fax Number: 847-520-7268

Contact Person: Gerald Forsythe Phone Number: 847-541-8300

E-mail Address: gforsythe@newmidwestgroup.com

Additional Information

Include with this application the following:

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

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

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

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

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

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

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

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

- NA -

9. Services provided at event:

| Service | Contact Name | Company | Address | Phone Number |
|-------------------------------|--------------|---------|---------|--------------|
| Sanitation/Portable Restrooms | | | | |
| Waste Disposal/Garbage | | | | |
| Tents | | | | |
| Music | | | | |
| Other | | | | |

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

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

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

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

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

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

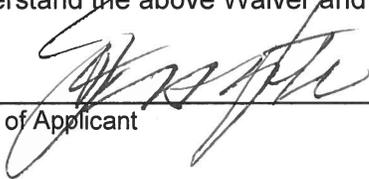
WAIVER AND RELEASE OF CLAIMS FOR INJURY

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

INDEMNITY AND DEFENSE

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

Signature of Applicant



Date

9-8-2014

2014 Broken Earth Wine & Such

Historic Village of Long Grove
Apple Festival - Venue Map 2013



VENDOR ASSIGNMENTS

| | |
|----|----------------------|
| 1 | EZ Hang Chairs |
| 2 | Observations |
| 3 | A Heart for Animals |
| 4 | Cookie Lee Jewelry |
| 5 | td |
| 6 | td |
| 7 | td |
| 8 | Chicago Dye Works |
| 9 | Chicago Dye Works |
| 10 | Barthier |
| 11 | td |
| 12 | Level Fiber |
| 13 | Ultimate Bargain |
| 14 | Big Tent Judalen |
| 15 | td |
| 16 | Carol Attyana |
| 17 | Mike's Sports |
| 18 | Integrus |
| 19 | td |
| 20 | td |
| 21 | td |
| 22 | Cartooners by Chuck |
| 23 | Fenichel Faces |
| 24 | Daily Herald |
| 25 | SOLD Revolt Naturals |
| 26 | td |
| 27 | td |
| 28 | td |
| 29 | Just For Fun |
| 30 | td |
| 31 | La Sophia Jewelry |
| 32 | Hazel Crain |
| 33 | Dickerts Bracelets |

EQUIPMENT

Fountain Square
 Deliver: Thursday at 6:00 a.m.
 Pick Up Sunday at 8:00 pm

Tents & Sides

- 10' x 10's Basic
- 10' x 20's
- 20' x 20' w/ Sides
- 20' Section Side Walls
- Sign Poles
- Countertops

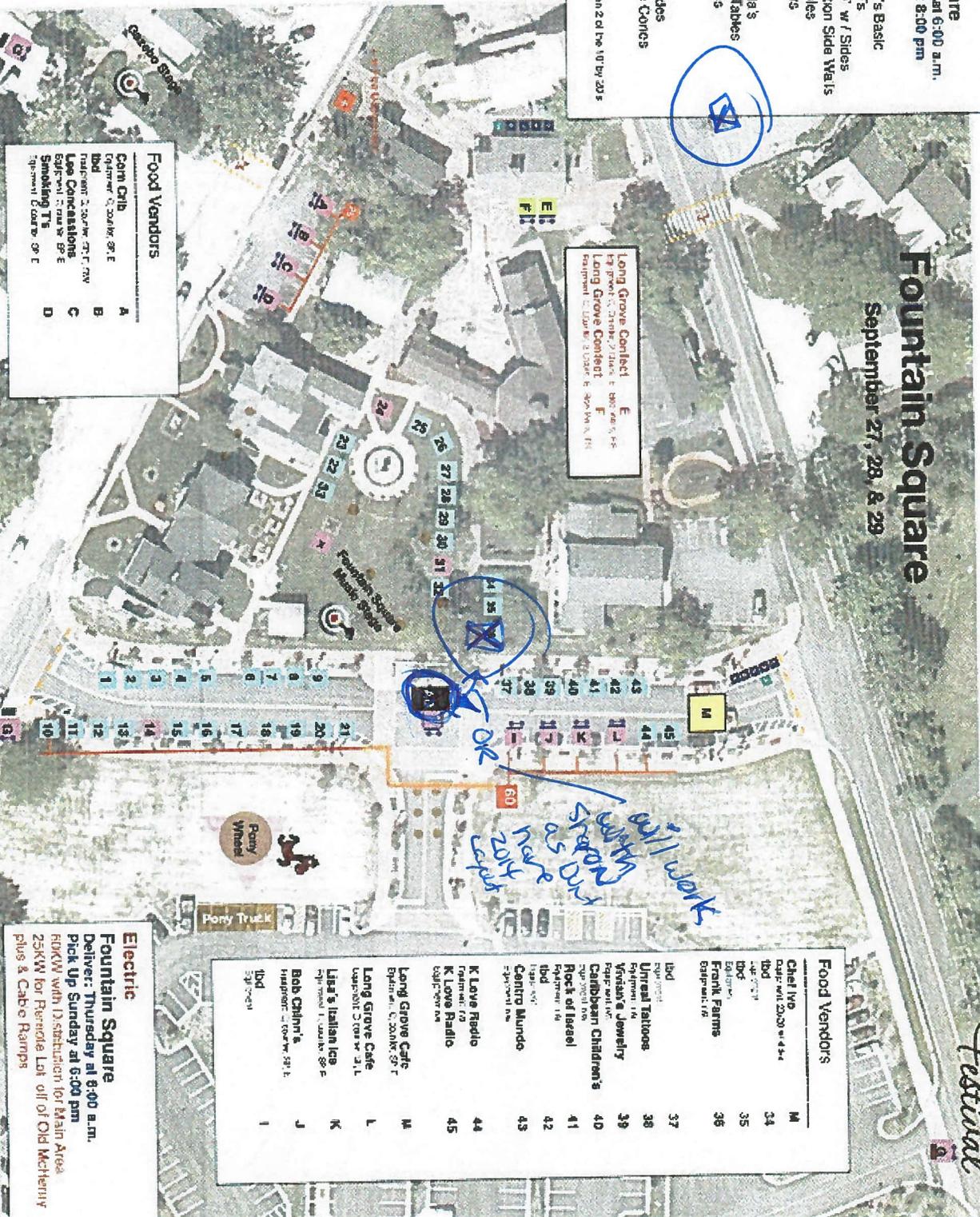
Tables & Chairs

- Umbrella's
- Hi Boy Tables
- B Tables
- Chairs

Barriacades

- Orange Cones

Notes:
 Need 3 Tent Corns between 2 of the 10' by 20's



Tent Key

- Basic 10' by 10'
- Premium 10' by 10'
- 20' by 20'
- 10' by 20'
- Customer Provides

Star Events • 1809 W. Belmont Avenue • Chicago, IL 60657 • 773.693.4692 • FX 773.693.4696 • info@StarEvents.com • www.StarEvents.com

30' Yard Dumpster Located at the Archer Lot - 180

G = Gate / Entrance
AB = Alcoholic Beverage



LIQUOR LICENSE
Issued by the Authority of
THE VILLAGE OF LONG GROVE

FORSYTHE, GERALD
REGISTERED OWNER(S)

215 -223 ROBERT PARKER COFFIN RD
BUSINESS ADDRESS

BROKEN EARTH WINERY LLC
BUSINESS NAME

H
CLASS

| | | |
|----------------------|-------------------|-------------------|
| CLIQL-13-0027 | \$1,000.00 | 12/31/2014 |
| LICENSE NUMBER | AMOUNT PAID | EXPIRATION DATE |

Angelika Underwood
Village President

Khadi Locken-Schen
Village Clerk

04/15/2014
Date



BROKEN EARTH WINERY LLC
BROKEN EARTH WINERY
215-223 ROBERT PARKER COFFIN RD
LONG GROVE IL 60047

Letter ID: L1219160544

License No.: 1A-1122252
Expiration Date: 03/31/15
License Type: RETAILER
Account ID: 41342062

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.

Letter ID:L1219160544



STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor Pat Quinn

1A-1122252
License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:

BROKEN EARTH WINERY LLC
BROKEN EARTH WINERY
215-223 ROBERT PARKER COFFIN RD

LONG GROVE IL 60047-0000

| | | | |
|-------------------------------------------------------------------|----------|-------------------|----------|
| HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS: | | RETAILER COMBINED | |
| ISSUE DATE: | 05/01/14 | Effective: | 05/01/14 |
| THIS LICENSE EXPIRES ON: | 03/31/15 | | |

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.

Sales Tax Acct # 41342062

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

Warehouse: N/A



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

- Site Plan
- Raffle Application
- Temp. Liquor License App.
- Event Application
- Property Owner Permission
- Insurance Certificate

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

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

Information Center
 308 Old McHenry Road
 Long Grove, IL 60047

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

Sherry Shlagman
 Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 847-634-9440
 Fax: 847-634-9408
 sshlagman@longgrove.net

Submittal Date: 9-8-2014 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Apple Fest (Fountain Square)
 Description/Type of Event: _____

Event Date: 9-26/9-28 Hours: 10 to 8

Set Up for Event Date: 9-26 Hours: 9am to 9:30
 Dismantling of Event Date: 9-28 Hours: 7:00pm to _____
OR Close of Fest EACH DAY

Estimated Number of Attendees: 1 to 2 Estimated Number of Vendors: 1

Sponsoring Organization: Long Grove Cafe

Street Address: 238 RFD

City: Long Grove, IL State: IL Zip Code: 60047

Phone Number: 847-722-5557 Fax Number: _____

Contact Person: GAM Phone Number: 847-722-

E-mail Address: _____ 5557

Additional Information

Include with this application the following:

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

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

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

A. Banners Yes No
B. Temporary Signs Yes No
C. Other (specify) _____

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

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

Newspapers Cable T.V. Internet
 Newsletters Commercial T.V. Radio
 Direct Mailings Trade Magazines Other (specify)

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

NONE (just Beer truck)

9. Services provided at event:

| Service | Contact Name | Company | Address | Phone Number |
|-------------------------------|--------------|---------|---------|--------------|
| Sanitation/Portable Restrooms | | | | |
| Waste Disposal/Garbage | | | | |
| Tents | | | | |
| Music | | | | |
| Other | | | | |

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ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

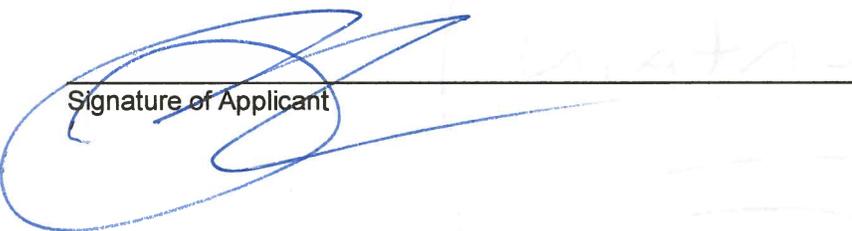
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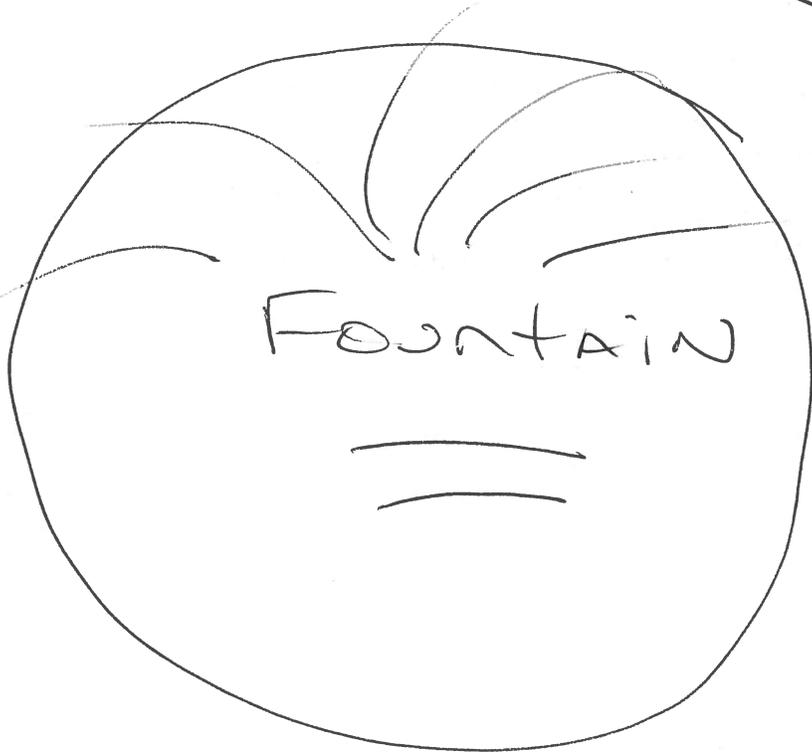


Signature of Applicant

9-8-14
Date

Bear
Truck

SUNSET
Pavillion



RECEIVED

SEP 03 2014

VILLAGE OF LONG GROVE



EVENT LICENSE APPLICATION

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. THIS APPLICATION MUST BE RECEIVED A MINIMUM OF 21 DAYS PRIOR TO THE EVENT.

| | | | |
|-----------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|--------------------------|
| Name of Business <u>LONG GROVE CAFE</u> | | Phone Number <u>847-955-9600</u> | |
| Business Address <u>235 Robert Parker Rd</u> | City <u>Long Grove</u> | State <u>IL</u> | Zip Code <u>60047</u> |
| Business Fax Number | IL Dept. of Revenue Business Tax Number | Type of Business/Items to be Sold <u>Restaurant</u> | |
| Primary Business Contact - Name and Title <u>Sam Besbors</u> | | Phone Number <u>847-722-5557</u> | |
| Business Contact Address <u>1508 RFD</u> | City <u>Long Grove</u> | State <u>IL</u> | Zip Code <u>60047</u> |

Applying for an event license to participate in the following special event(s):

- Chocolate Festival (Sponsor - Long Grove Business and Community Partners)
- Strawberry Festival (Sponsor - Long Grove Business and Community Partners)
- Apple Festival (Sponsor - Long Grove Business and Community Partners)
- Long Grove Art Fest (Sponsor - Kildeer Countryside School PTO)

Other OCT FEST 4-5/11-12

**Event License Application Fee: \$25 per event for one booth (space)
Each additional booth is \$25**

Does your business, occupation or activity:

Sell cigarettes, tobacco or tobacco products?

Yes

No

Sell alcoholic beverages?

Offer food services?*

Sell or offer prepared food for consumption on or off premises?*

Sell or offer food or food products intended for off premise preparation?*

Sell live animals or plants?

* Copy of your Lake County Health Dept. Food Service Permit required.

The undersigned applicant does hereby state on oath that he or she knows the business to be in compliance with all of the ordinances of the Village of Long Grove and that he or she will continue to comply with the said ordinances as well as keep the property and business in compliance during the period of any license issued or during any time such business is open for business. It is further understood that the applicant is aware of sanitary regulations, sign regulations, lighting regulations, and other such regulations and will comply with these regulations for their property and business. The applicant further understands that they are to make every effort to maintain their business and surrounding area in a clean and litter-free state.

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I further agree to discharge, release, indemnify and hold harmless the Village of Long Grove, and their employees, agents, representatives, servants, officers, and all co-sponsors from any and all manner of action, suits, product liability, losses, damages or claims including reasonable attorney's fees, whatsoever arising now or in the future, from any loss or damages or claims, to the person or property of the undersigned.

Dated this 25 day of August, 2014.

Signature(s) of Applicant(s)

Signature

Printed Name

Date

Title

Signature

Printed Name

Date

Title

Provide additional signature sheets if needed.

Before submitting your application, all questions must be answered and the application signed. Please submit your application along with a check made payable to "Star Events" and mail to:

~~Star Events~~
1609 W. Belmont Ave., 2nd Floor
Chicago, IL 60657

Start

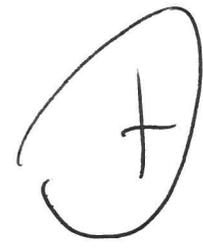
Stage



Island.



Pond



Beetroot / Pretzels.

CRACE