<u>Special Event Application</u>:
Timmy's Sandwiches:
Free Movies On Towner Green

05/21/10

FOR OFFICE USE ONLY
- ☐ Site Plan
- ☐ Raffle Application
- ☐ Temp. Liquor License App.

SPECIAL EVENT APPLICATION

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:

John Maguire
LGBCP
146 Old McHenry Road
Long Grove, IL 60047
847-634-0888
Fax: 847-634-3673
jmaguire@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: 5-5-10 Date Received by LGBCP: 5-6-10

EVENT INFORMATION

Event Name & Location(s): Timmy's Sandwiches & Ice Cream - OUTDOOR MOVIES

Description/Type of Event: OUTDOOR MOVIES ON TOWNER GREEN

Event Date: SAT 7/17, SAT 7/31 Hours: 7 to 10 PM
Event Date: SAT 8/14, SAT 9/4, SAT 9/18 Hours: ____ to ____
Event Date: SAT, 10/16 Hours: ____ to ____

Set Up for Event
Event Date: SAME DAY AS ABOVE DATES Hours: ____ to ____
Event Date: ____ Hours: ____ to ____
Event Date: ____ Hours: ____ to ____

Dismantling of Event
Event Date: SAME DAY AS EVENT Hours: ____ to ____
Event Date: ____ Hours: ____ to ____
Event Date: ____ Hours: ____ to ____

Estimated Number of Participants: 50 Estimated Number of Vendors: 0

Sponsoring Organization: Timmy's Sandwiches and Ice Cream

Street Address: 132 old McHenry Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-883-8930 Fax Number: _____

Contact Person: Tim Almy Phone Number: 224-612-1220

E-mail Address: t_cream@att.net

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 required and the times for each (Cost for security $70/hour per deputy Payment must be submitted with application):

   A. Security officers N/A Hours — to —
   B. Traffic officers N/A Hours — to —
   C. Parking Assistants N/A Hours — to —

6. Indicate whether there will be any of the following:

   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)

John Maguire, Executive Director
Long Grove Business and Community Partners
307 Old McHenry Road, Long Grove, IL 60047
Direct Line 847-634-0888 Direct Fax 847-634-3673
jmaguire@longgrove.org

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

9. Services provided at event:
All services provided by Timmys Sandwiches and Ice Cream

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

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. **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.*

All the above information is submitted 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.

Signature of Applicant

5-5-10
Date

* 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."

John Maguire, Executive Director
Long Grove Business and Community Partners
307 Old McHenry Road, Long Grove, IL 60047
Direct Line: 847-634-0888 Direct Fax: 847-634-3673
jmaguire@longgrove.org

ACORD. CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

USAA INSURANCE AGENCY INC
9800 FREDERICKSBURG RD
SAN ANTONIO, TX 78288
(888) 651-3938

X1597 862

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

TIMMY'S SANDWICHES & ICE CREAM INC., TIMOTHY ALMY DBA
3119 RFD
LAKE ZURICH, IL 60047

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	680-7318L726-09	11/01/2009	11/01/2010	EACH OCCURRENCE	$1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	$5,000
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				PROPERTY DAMAGE (Per accident)	$
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

AS RESPECTS TO GENERAL LIABILITY, VILLAGE OF LONG GROVE AND LONG GROVE BUSINESS AND COMMUNITY PARTNERS, IS ADDITIONAL INSURED - DESIGNATED PERSONS OR ORGANIZATION - CG T4 91

CERTIFICATE HOLDER

VILLAGE OF LONG GROVE AND LONG GROVE
BUSINESS AND COMMUNITY PARTNERS
3110 RFD
LONG GROVE, IL 60047

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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