

Visitors' Business:

Special Events:

Porsche Club Concours - *June 21st (Fathers Day).*

Long Grove Arts & Music Council - *Free Concerts On The Towner Green.*

Village Tavern Outdoor Dining - *Festivals & Pig Roast – July 25th.*

Special Event Application:
Porsche Club Concours - *June 21st (Fathers Day)*.



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

Site Plan

Raffle Application

Temp. Liquor License App.

Temp. Business Lic. App.

Property Owner Permission

Insurance Certificate

Please complete this form in its entirety. This application must be submitted a minimum of 60 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: 3/17/2010 Date Received by LGBCP: 3/17/10

EVENT INFORMATION

Event Name & Location(s): PCA Chicago Region Concours

Description/Type of Event: Porsche car show

Event Date: June 20 2010 Hours: 9:00 to 2:00

Set Up for Event

Date: 6/20

Hours: 8:00 to 9:00

Dismantling of Event

Date: 6/20

Hours: 2:00 to 3:00

Estimated Number of Attendees: 150

Estimated Number of Vendors:

Sponsoring Organization: Porsche Club of America - Chicago Region

Street Address: 29 W 090 Lakeside Dr

City: Naperville State: IL Zip Code: 60564

Phone Number: 630-904-9915 Fax Number: _____

Contact Person: John Dwyke Phone Number: _____

E-mail Address: J.Dwyke@comcast.net

CONTACT: RON BEAN
 847-732-5660

Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 Fax: 847-634-9408
 www.longgrove.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). *N/A*
2. Written permission from property owners *N/A*
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured. *TO COME*
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. *NONE*
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): *NONE*

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 - 847-634-6440)

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

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

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

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

8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc. *NONE*

Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 Fax: 847-634-9408
 www.longgrove.net

9. Services provided at event. *NONE*

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 3%. 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. *NONE*
- 12. Raffle - Submit "Application for License to Conduct Raffle." Raffle must be approved by the Village Board prior to the event. * *NONE*
- 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. * *NONE*

* 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."

-0449

Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 Fax: 847-634-9408
www.longgrove.net

-0440

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 Long Grove, IL 60047
 Fax: 847-634-9408
www.longgrove.net

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/10

1-713-507-4700

PRODUCER
Wells Fargo Risk Services, Inc.
Wells Fargo Motorsports
14 Greenway Plaza
Suite 1100
Houston, TX 77046-2401

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
Porsche Club of America
P.O. Box 1347
Springfield, VA 22151

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	26344
INSURER B: Great American Assurance Services	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Aggregate <input checked="" type="checkbox"/> Applies Per Event GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	OGLG21752411	02/01/10	02/01/11	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 Participant Legal \$1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	EXC226814701PCA	02/01/10	02/01/11	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$ \$ \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER Participant Accident *PCA Non-Club Racing: AD&D \$15,000, XS Med \$25,000 *	N0025583APCA *Disability \$100 @ 52 weeks Indemnity	02/01/10	02/01/11	AD&D \$25,000 Club Racing XS Med* 100 Wkly Indemnity* 75,000 100

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 This Certificate of Insurance Does Not Affirmatively Or Negatively Amend, Extend, or Alter the Coverage Afforded by the Insurance Policy. Certificate Holder and the entities listed below are included as additional insureds, but only to the extent that liability arises out of the premises or operations of the named insured for the following event(s):
 June 20, 2010 Concours; Towner Green- Long Grove, IL 60047;
 The Long Grove Business and Community Partners, The Village of Long Grove; Melvin and Dolores Towner

CANCELLATION *Except 10 days NOC for Non-Payment

CERTIFICATE HOLDER

PCA Chicago Region
733 Medford Drive
Carol Stream, IL 60188

USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* 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

Jeff Brantner

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Special Event Application:
Long Grove Arts & Music Council - *Free Music On Towner Green.*



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: _____ Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Long Grove Arts + Music Summer Concert Series
Townier Green
 Description/Type of Event: Musical Concerts

Event Date: See Attached Hours: See Attached to _____
 Event Date: " Hours: " to _____
 Event Date: " Hours: " to _____

Set Up for Event
 Event Date: " Hours: " to _____
 Event Date: " Hours: " to _____
 Event Date: " Hours: " to _____

Dismantling of Event
 Event Date: " Hours: " to _____
 Event Date: " Hours: " to _____
 Event Date: " Hours: " to _____

Estimated Number of Participants: 250 Estimated Number of Vendors: 3

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

Sponsoring Organization: Long Grove Arts + Music Council
 Street Address: 3612 RFD
 City: Long Grove State: IL Zip Code: 60047
 Phone Number: 847-722-8989 Fax Number: _____
 Contact Person: Tobin Fraloy Phone Number: _____
 E-mail Address: tobin@humbugs.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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	<u>0</u>	Hours _____ to _____
B. Traffic officers	<u>0</u>	Hours _____ to _____
C. Parking Assistants	<u>0</u>	Hours _____ to _____

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

- | | | |
|--------------------------|---|-----------------------------|
| 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 checked="" type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Newsletters | <input type="checkbox"/> Commercial T.V. | <input checked="" type="checkbox"/> Radio |
| <input checked="" type="checkbox"/> Direct Mailings | <input type="checkbox"/> Trade Magazines | <input type="checkbox"/> 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:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage	<i>Self-Provided</i>			
Tents	<i>Self-Provided</i>			
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. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**

11. If there is a charity involved or benefiting from this event, please provide the name of the charity, contact name and a phone number. - *Long Grove Arts + Music Council*

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.

[Handwritten Signature]

Signature of Applicant

4/15/10

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

Long Grove Arts & Music Council

2010 Concert Season

All concerts are on Sundays and begin at 4:00pm

Concerts end at 6:00pm and all breakdown is finished by 7:00pm

Set up begins at 2:30pm

Concert dates are as follows;

July 11th

July 18th

July 25th

August 1st

August 8th

August 22nd

August 29th

MEL'S MARATHON

209 Robert Coffin Road
Long Grove, IL 60047

April 19th, 2010

David Lothspeich
Village Manager
Village of Long Grove
3110 RFD
Long Grove, IL 60047

Dear Mr. Lothspeich,

You asked me to send you a letter about the Long Grove Arts & Music Council concerts planned for the lawn on our property in front of 132 Old McHenry Road. I spoke with Tobin Fraley and gave him permission for the Music Council to hold concerts on Sunday afternoons on our property this coming summer. Specifically on the dates mentioned below;

July 11th, July 18th, July 25th, August 1st, August 8th, August 22nd, & August 29th.

If you have any questions about this, give me a call.

Thanks,



Randy Towner

CERTIFICATE OF COVERAGE

M 8683

ISSUE DATE (MM/DD/YY)
04/19/2010

ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION

c/o Cannon Cochran Management Services, Inc.
Towne Centre Building
2 East Main Street
Danville, IL 61832

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 AGREEMENTS BELOW.

COVERAGE PROVIDED BY

COVERAGE PROVIDER	A	Illinois Municipal League Risk Management
COVERAGE PROVIDER	B	General Reinsurance Corporation
COVERAGE PROVIDER	C	Safety National Casualty Corp.
COVERAGE PROVIDER	D	Lloyd's of London
COVERAGE PROVIDER	E	

COVERED MEMBER

VILLAGE OF LONG GROVE
ATTN DAVID LOTH SPEICH
3110 RFD
LONG GROVE IL 60047-9635

COVERAGES
THIS IS TO CERTIFY THAT COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENTS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENTS.

TYPE OF COVERAGE	AGREEMENT NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> BROAD FORM CGL <input type="checkbox"/> LIQUOR LIABILITY	1202C0328	12/31/2009	12/31/2010	GENERAL AGGREGATE	\$
				PRODUCTS-COMP/OPS AGG.	\$
				PERSONAL & ADV. INJURY	\$
				EACH OCCURRENCE	\$ 8,000,000
				FIRE DAMAGE (Any one fire)	\$
				MED. EXPENSE (Any one person)	\$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	1202C0328	12/31/2009	12/31/2010	COMBINED SINGLE LIMIT	\$ 8,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE	\$
				STATUTORY LIMITS	X
WORKERS COMPENSATION EMPLOYERS LIABILITY	1202C0328	12/31/2009	12/31/2010	PER OCCURRENCE	\$ 3,000,000
	1202C0328	12/31/2009	12/31/2010	PER OCCURRENCE	\$ 250,000,000
PROP / IM / APD	1202C0328	12/31/2009	12/31/2010	Subject to \$500 deductible	

OTHER
IMLRMA provides the first \$2,000,000 per occurrence, all lines. For PROP/IM/APD General Reinsurance provides \$28,000,000 excess of \$2,000,000 and Lloyd's of London provides \$220,000,000 excess of \$30,000,000 per occurrence.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
KILDEER SCHOOL DISTRICT 96, ADDITIONAL INSURED, ONLY AS RESPECTS USE OF PROPERTY FOR THE 2010 SUMMER CONCERT SERIES AS AN ALTERNATE LOCATION IN THE EVENT OF INCLEMENT WEATHER. COVERAGE DOES NOT APPLY TO BI/PD CAUSED BY SOLE NEGLIGENCE OF KILDEER SCHOOL DISTRICT 96.

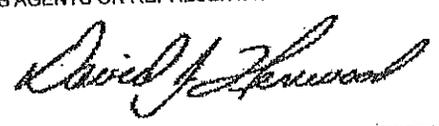
CERTIFICATE HOLDER

KILDEER SCHOOL DISTRICT 96
ATTN LYNN GLICKMAN
3100 RFD
LONG GROVE, IL 60047

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENTS BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING PROVIDER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROVIDER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED SIGNATURE



Special Event Application:
Village Tavern Outdoor Dining - *Festivals & Pig Roast – July 25th.*



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

Sherry Shlagman
 Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 847-634-9440
 Fax: 847-634-9408

Submittal Date: 4/16/10 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): STRAWBERRY FEST TENT
 Description/Type of Event: FOR VILLAGE TAVERN

Event Date: 6/25-6/27 Hours: _____ to _____

Set Up for Event
 Date: 6/24 TENT SET-UP
 Hours: AM to _____

Dismantling of Event
 Date: 6/28 TENT TAKE-DOWN
 Hours: AM to _____

Estimated Number of Attendees: _____ Estimated Number of Vendors: _____

Sponsoring Organization: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Contact Person: _____ Phone Number: _____
 E-mail Address: _____

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 TAVERN PROPERTY
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)

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:

- | | | |
|--------------------|---|-----------------------------|
| A. Banners | <input 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. SAME SIGN - SAME LOCATION
2 WEEKS PRIOR

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

- | | | |
|--|--|--|
| <input 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) |

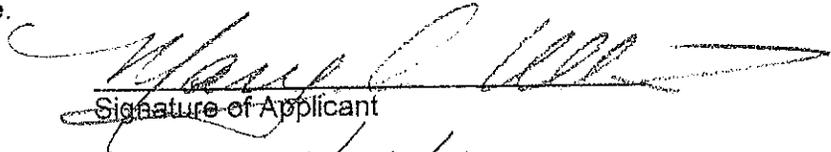
8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage				
Tents	DAVE	JACKS 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. **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.
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13. Liquor – Submit "Temporary Liquor License" Application. **Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at**

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.

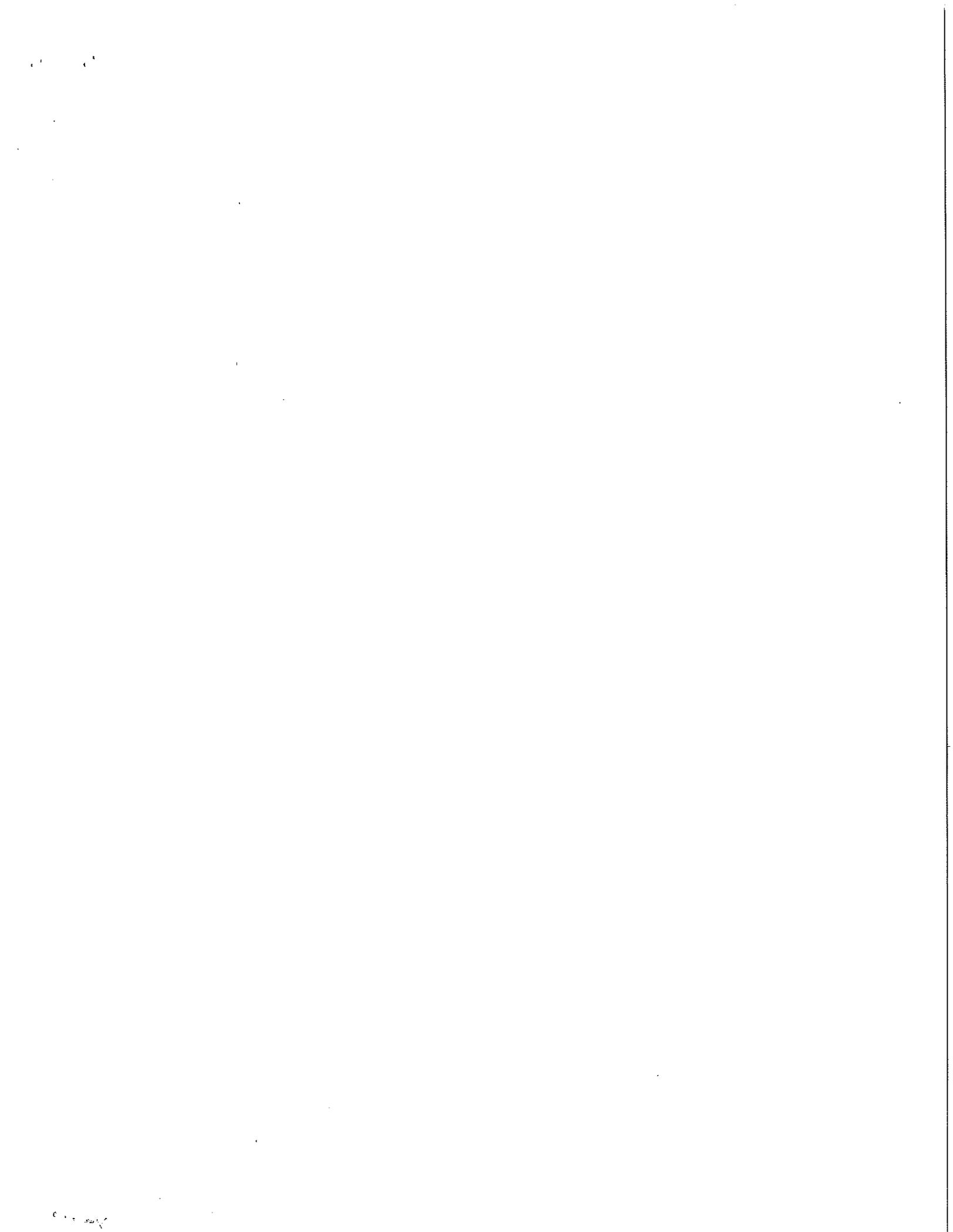


Signature of Applicant

Date

4/16/10

* 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 Applications can be found under the heading "Administration."





SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

Sherry Shlagman
 Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 847-634-9440
 Fax: 847-634-9408

Submittal Date: 4/16/10 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Apple & Oktoberfest

Description/Type of Event: TENT SET UP NEXT TO VILLAGE TOWN

Event Date: Oct 1-2-3, Oct 8-10 & Oct 15-17 Hours: FRI 11:00 to SUN 5:00
OKTOBER FEST EACH WEEK-END

* Set Up for Event
 Date: Sept. 30th - TENT SET-UP
 Hours: _____ to _____ PM

* Dismantling of Event
 Date: Oct. 18th TENT TAKE DOWN
 Hours: AM to _____

Estimated Number of Attendees: _____ Estimated Number of Vendors: _____

Sponsoring Organization: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Contact Person: _____ Phone Number: _____
 E-mail Address: _____

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 *TAVERN PROPERTY*
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)

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:

A. Banners	<input 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. *SAME LOCATION SAME BANK*
2 WKS PRIOR TO EVENT

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

<input 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.

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. **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**

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

 4/16/10

 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 Applications can be found under the heading "Administration."

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/21/2010
PRODUCER (847)679-7350 FAX (847)679-7361 T.A. Cummings Jr. Company 4153 Main St. Skokie, IL 60076	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 VILLAGE TAVERN OF LONG GROVE, INC 135 OLD MCHENRY RD LONG GROVE, IL 60047	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Sentinel Insurance Company	11000
	INSURER B: Accident Fund Insurance	10166
	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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	83SBAVX9580	04/14/2010	04/14/2011	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCV6040100	01/24/2010	01/24/2011	<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	OTHER Liquor Liability	83SBAVX9580	04/14/2010	04/14/2011	Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 RE: Strawberry Fest - June 25th, 26th & 27th; Pig Roast (Village Tavern) - July 25th;
 Apple Fest - Oct. 1st, 2nd & 3rd; October Fest - Oct. 8th, 9th & 10th and 15th, 16th & 17th
 The Village of Long Grove and the Long Grove Business and Community Partners are listed as Additional Insureds with respects to the General Liability subject to policy terms and conditions.

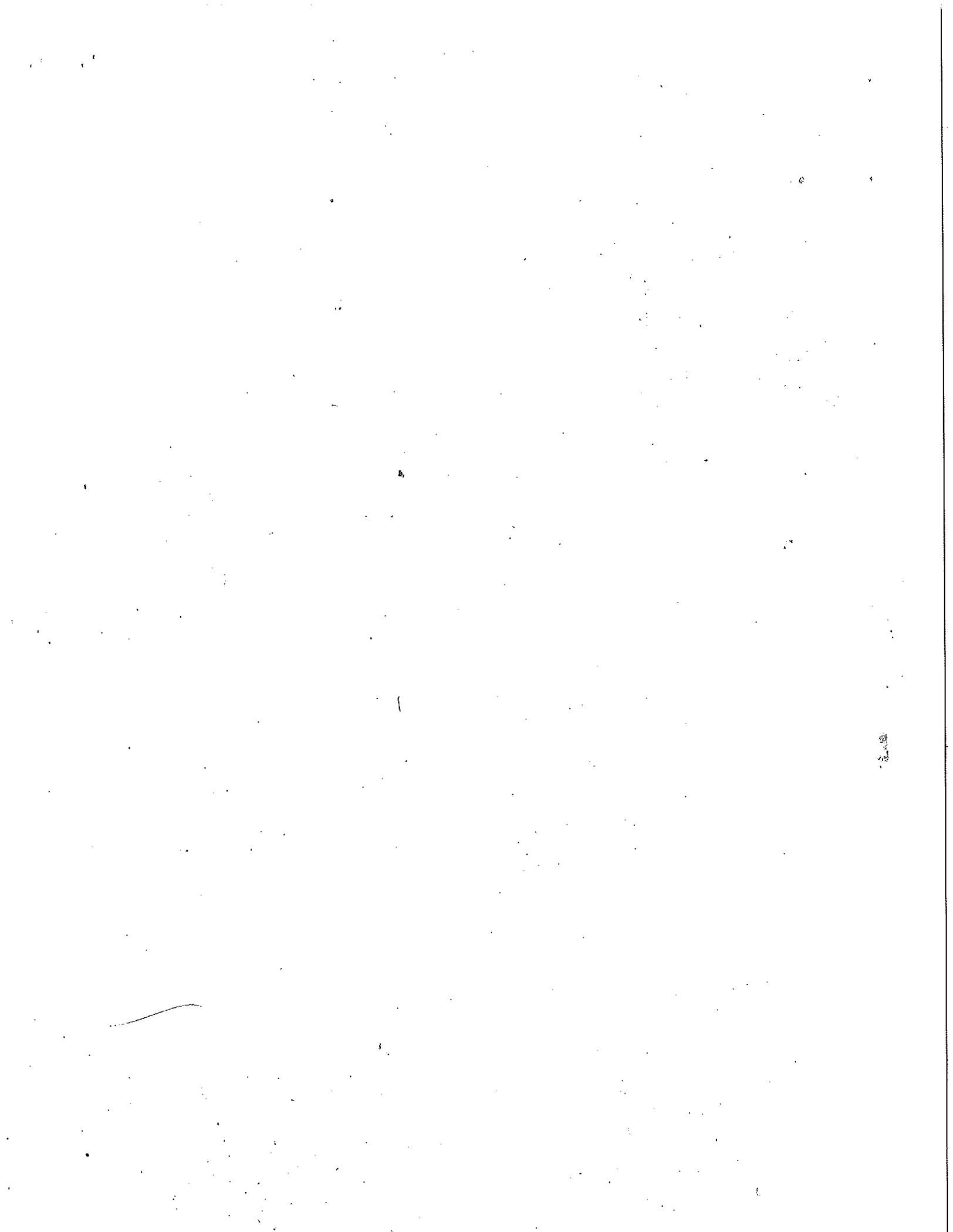
CERTIFICATE HOLDER

The Village of Long Grove
 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Scott Cummings/AM *Scott Cummings*





SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

Sherry Shlagman
 Village of Long Grove
 3110 RFD
 Long Grove, IL 60047
 847-634-9440
 Fax: 847-634-9408

Submittal Date: 4/17/10 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Village Tavern 1st Annual Pig Roast

Description/Type of Event: _____

Pig Roast & Music ONE DAY

Event Date: July 25th Hours: 10:00am to 8:00 pm

Set Up for Event

Date: 7/24/10 - set up tent

Hours: AM to _____

Dismantling of Event

Date: 7/26/10 TAKE TENT DOWN

Hours: AM to _____

Estimated Number of Attendees: ?

Hogs belly 150

Estimated Number of Vendors: - 0 -

Sponsoring Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

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). - *TENT IN BACK PARKING LOT*
2. Written permission from property owners - *WE OWN*
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)

A. Security officers _____ Hours _____ to _____
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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. *BANNER ON FRONT PORCH - SAME LOCATION AS OTHER EVENTS*

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.

we will have some music through-out the day in the TENT.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage				
Tents	DAVE	BACKS TENTS		
Music				
Other				

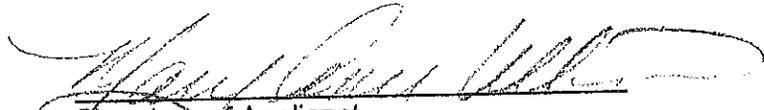
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Signature of Applicant

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1st ANNUAL VILLAGE TAVERN
P.O.G ROAST
SITE PLAN

BEAUTY
SHOP

TAVERN

TENT
20 x 40

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