

Visitors' Business
Special Event Applications
LGBCP General Downtown Events



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: 2/24/17 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): CHOCOLATE *FESTIVAL* - BUSINESS DISTRICT
 Description/Type of Event: Community celebration for 3 days that features live entertainment, food, vendors, artisans, merchants, sponsors and family activities

Event Date: MAY 2,3 &4 Hours: 10.00AM to 6.00PM

Set Up for Event

Date MAY 1st 2014 6.00AM-10.00PM
 Hours: MAY 2nd 2014 4.00AM-10.00AM

Dismantling of Event

Date: MAY 4th 2014
 Hours: 6.00PM to 12.00AM

Estimated Number of Attendees: _____ Estimated Number of Vendors: 80

Sponsoring Organization: LGBCP
 Street Address: 308 OLD MCHENRY RD
 City: LONG GROVE State: IL Zip Code: 60047
 Phone Number: 847-634-0888 Fax Number: 847-634-3673
 Contact Person: SHARON FINE Phone Number: 847-609-0407
 E-mail Address: sfine@visitlonggrove.com

Long Grove Business and Community Partners
 307 Old McHenry Road, Long Grove, IL 60047
 847-634-0888 Fax: 847-634-3673
 infocenter@longgrove.org

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	1	5/2/14	Hours 3.00pm	to	6.00pm
		5/3 - 5/4	10.00am	to	6.00pm
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) Type 111 barricades will be used during event for road closures

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 checked="" type="checkbox"/> Other - Posters and Flyers
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 MANAGEMENT		
Waste Disposal/Garbage		WASTE MANAGEMENT		
Tents		AAA RENTAL		
Music	John Barry	STAR EVENTS		773-619-2983
Other – FAIR RIDES		AMJ		

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.”

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infocenter@longgrove.org

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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



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

Submittal Date: 2/24/14

Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): STRAWBERRY FESTIVAL – BUSINESS DISTRICT

Description/Type of Event: Community celebration for 3 days that features live entertainment, food,vendors,artisans, merchants, sponsors and family activities

Event Date: JUNE 20,21 & 22 - 2014

Hours: 10.00AM to 6.00PM

Set Up for Event

Date JUNE 19th 2014 6.00AM-10.00PM

Hours: JUNE 20th 2014 4.00AM-10.00AM

Dismantling of Event

Date: JUNE 22nd 2014

Hours: 6.00PM to 12.00AM

Estimated Number of Attendees: _____

Estimated Number of Vendors: 80

Sponsoring Organization: LGBCP

Street Address: 308 OLD MCHENRY RD

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847-634-0888

Fax Number: 847-634-3673

Contact Person: SHARON FINE Phone Number: 847-609-0407

E-mail Address: sfine@visitlonggrove.com

Long Grove Business and Community Partners
 307 Old McHenry Road, Long Grove, IL 60047
 847-634-0888 Fax: 847-634-3673
 infocenter@longgrove.org

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	1	6/20/14	Hours	3.00pm	to	6.00pm
		6/21 - 6/22		10.00am	to	6.00pm
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) Type 111 barricades will be used during event for road closures

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 checked="" type="checkbox"/> Other - Posters and Flyers

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 MANAGEMENT		
Waste Disposal/Garbage		WASTE MANAGEMENT		
Tents		AAA RENTAL		
Music	John Barry	STAR EVENTS		773-619-2983
Other – FAIR RIDES		AMJ		

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.”

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Signature of Applicant

Date



SPECIAL EVENT APPLICATION

RECEIVED

FEB 26 2014

VILLAGE OF LONG GROVE

FOR OFFICE USE ONLY

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- Raffle Application
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- Event Application
- Property Owner Permission
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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): Summer Concert Series / Fountain Square
 Description/Type of Event: Sunday Concerts starting at 4pm in Fountain Square

Event Date: June 28 through August 31 Sundays Hours: 12pm to 7pm

Set Up for Event Dismantling of Event Includes setup and tear down

Date: _____ Date: _____

Hours: _____ to _____ Hours: _____ to _____

Estimated Number of Attendees: 450 per Sunday Estimated Number of Vendors: 1

Sponsoring Organization: Long Grove Arts & Music Council

Street Address: 248 Robert Parker Coffin Road

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-722-8989 Tobin Fraley Fax Number: _____

Contact Person: tobin@humbugs.com Phone Number: _____

E-mail Address: _____

Long Grove Business and Community Partners
 307 Old McHenry Road, Long Grove, IL 60047
 847-634-0888 Fax: 847-634-3673
 infocenter@longgrove.org

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	Waste Management			
Waste Disposal/Garbage	LGAMC			
Tents	2			
Music	Yes			
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.
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Signature of Applicant

Feb 26, 2014
Date



SPECIAL EVENT APPLICATION

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

Submittal Date: 2/24/14

Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): ART FESTIVAL – BUSINESS DISTRICT

Description/Type of Event: Community celebration of Art for 2 days that features live entertainment, food, vendors, artisans, merchants, sponsors and family activities

Event Date: AUGUST 16 & 17, 2014

Hours: 10.00AM to 6.00PM

Set Up for Event

Date/Hours: AUGUST 14 2014 5.00PM-9.00PM
 AUGUST 15, 2014 4.00PM-9.00PM
 AUGUST 16, 2014 6.00AM-9.00AM

Dismantling of Event

Date/Hours: AUG 17TH 2014, 6.00PM-9.00PM

Estimated Number of Attendees: _____

Estimated Number of Vendors: 100

Sponsoring Organization: LGBCP

Street Address: 308 OLD MCHENRY RD

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847-634-0888

Fax Number: 847-634-3673

Contact Person: SHARON FINE Phone Number: 847-609-0407

E-mail Address: sfine@visitlonggrove.com

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 307 Old McHenry Road, Long Grove, IL 60047
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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	1	8/15/14	Hours 6.00pm to 6.00am
		8/16/14	6.00pm to 6.00am
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	X	Yes	<input type="checkbox"/> No
B. Temporary Signs	X	Yes	<input type="checkbox"/> No
C. Other (specify)	Type 111 barricades will be used during event for road closures		

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 checked="" type="checkbox"/> Other - Posters and Flyers

- 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 MANAGEMENT		
Waste Disposal/Garbage		WASTE MANAGEMENT		
Tents		AAA RENTAL		
Music	John Barry	STAR EVENTS		773-619-2983
Other				

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

Submittal Date: 2/24/14

Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): APPLE FESTIVAL – BUSINESS DISTRICT

Description/Type of Event: Community celebration for 3 days that features live entertainment, food, vendors, artisans, merchants, sponsors and family activities

Event Date: SEPT 26, 27 & 28 - 2014

Hours: 10.00AM to 6.00PM

Set Up for Event

Date SEPT 25th 2014 6.00AM-10.00PM
 SEPT 26th 2014 4.00AM-10.00AM

Dismantling of Event

Date: SEPT 28th 2014 6.00PM – 12.00AM

Estimated Number of Attendees: _____

Estimated Number of Vendors: 80

Sponsoring Organization: LGBCP

Street Address: 308 OLD MCHENRY RD

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847-634-0888

Fax Number: 847-634-3673

Contact Person: SHARON FINE Phone Number: 847-609-0407

E-mail Address: sfine@visitlonggrove.com

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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	1	9/26/14	Hours	3.00pm	to	6.00pm
		9/27 - 9/28		10.00am	to	6.00pm
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)		Type 111 barricades will be used during event for road closures		

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 checked="" type="checkbox"/> Other - Posters and Flyers

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 MANAGEMENT		
Waste Disposal/Garbage		WASTE MANAGEMENT		
Tents		AAA RENTAL		
Music	John Barry	STAR EVENTS		773-619-2983
Other – FAIR RIDES		AMJ		

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



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: 2/24/14

Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): OKTOBERFEST – BUSINESS DISTRICT

Description/Type of Event: German Heritage event for 4 days that features live music and entertainment.

Event Date: OCT 4TH & 11TH, 2014
 OCT 5TH & 12TH - 2014

Hours: NOON to 8.00PM
 Hours: NOON to 5.00PM

Set Up for Event

Date OCT 3RD 2014 NOON -5.00PM
 OCT 10th 2014 NOON - 5.00PM

Dismantling of Event

Date: OCT 5th 2014 5.00PM – 7.00PM
 OCT 12th 2014 5.00PM – 7.00PM

Estimated Number of Attendees: _____

Estimated Number of Vendors: 2-3

Sponsoring Organization: LGBCP

Street Address: 308 OLD MCHENRY RD

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847-634-0888

Fax Number: 847-634-3673

Contact Person: SHARON FINE Phone Number: 847-609-0407

E-mail Address: sfine@visitlonggrove.com

Long Grove Business and Community Partners
 307 Old McHenry Road, Long Grove, IL 60047
 847-634-0888 Fax: 847-634-3673
 infocenter@longgrove.org

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 N/A
 - B. Traffic officers N/A
 - C. Parking Assistants N/A
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):

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Long Grove Business and Community Partners
307 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
infocenter@longgrove.org

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms		Waste Management		
Waste Disposal/Garbage		Waste Management		
Tents		Jacks tents		
Music				
Other				

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Signature of Applicant

Date