

Visitors' Business:
Special Event Application:
Downtown Carriage Rides



SPECIAL EVENT APPLICATION

RECEIVED

DEC 04 2014

VILLAGE OF LONG GROVE

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: 12-1-14 Date Received by LGBCP: 12.3.14

EVENT INFORMATION

Event Name & Location(s): Holiday Horse & Carriage Rides
Description/Type of Event: Horse + Carriage Rides Throughout downtown Longgrove.

Event Date: Dec. 6+7, Dec. 13, 14, Dec. 20+21 Hours: 1pm to 4pm

Set Up for Event

Date: 0
Hours: 0 to 0

Dismantling of Event

Date: 0
Hours: 0 to 0

Estimated Number of Attendees: Normal Weekend visitors/customers Estimated Number of Vendors: 0

Sponsoring Organization: THE FORSYTHE FAMILY
Street Address: Mill Pond Shops - 215-0239 Robert Parker Coffin Rd
City: Long Grove State: IL Zip Code: 60047
Phone Number: 847 634 0888 Fax Number: _____
Contact Person: Sharon Fine Phone Number: 847 609 0407 (cell)
E-mail Address: sfine@visitlonggrove.com 847 634 0888 (office)

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.”



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/3/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
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| PRODUCER Lamb, Little & Co 1101 Perimeter Drive Suite 500 Schaumburg IL 60173 | CONTACT NAME: Julia Seidel PHONE (A/C No. Ext): 847-230-3322 FAX (A/C No.): 847-398-7077 E-MAIL ADDRESS: jseidel@lamblittle.com |
| | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Admiral Insurance Co. INSURER B: Travelers Prop/Cas Co of Amer 25674 INSURER C: INSURER D: INSURER E: INSURER F: |

INSURED CHICA66
 Chicago Horse & Carriage, Ltd.
 175 East Delaware, Unit 5401
 Chicago IL 60611

COVERAGES **CERTIFICATE NUMBER:** 636220416 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURER INSR WWP | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (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"/> PROJECT <input type="checkbox"/> LOC | | CA000019058-01 | 3/10/2014 | 3/10/2015 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A | BJUB-2E41706-1-14 | 3/14/2014 | 3/14/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Long Grove Business and Community Partners and Village of Long Grove are shown as additional insured with respect to horse & carriage rides provided December 6, 7, 13, 14, 20 and 21, 2014 and throughout 2015.

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| CERTIFICATE HOLDER Long Grove Business and Community Partners 308 Old McHenry Road Long Grove IL 60047 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |