

Visitors' Business
Special Event Application
The Village Tavern Farmers Market

MAR 20 2014

RECEIVED
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: 2/22/14 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): LONG GROVE FARMERS MARKET - HEEKER RD.

Description/Type of Event: ASSORTED VENDORS SELLING THEIR GOODS FROM PRODUCE, PASTRIES, ORGANIC, ARTISANS ETC.

Event Date: JUNE 8th THROUGH OCT. 12th SUNDAY Hours: 9:00 AM to 11:00 PM

Set Up for Event

Date: SUNDAYS
Hours: 7:00 AM to 9:00 AM

Dismantling of Event

Date: SUNDAYS
Hours: 11:00 PM to 2:00 PM

Estimated Number of Attendees: ?

Estimated Number of Vendors: 15-25

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: 135 OLD MCHENRY RD.

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847-634-3117 Fax Number: 847-634-3732

Contact Person: MARY ANN WURICH Phone Number: 847-651-8185

E-mail Address: LONGGROVE.VT@GMAIL.COM

* SEE PG 2 FOR FARMERS MARKET DAYS SUMMER CAR SHOWS



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sshlagman@longgrove.net

Submittal Date: 2/22 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): FARMERS MARKET SUMMER

Description/Type of Event: CAR SHOW SERIES

** WHERE THE MARKET WAS LAST YEAR IN ARCHER LOT*

Event Date: ~~7/6~~, 7/6, 8/3, 9/14 Hours: 9:00 to 1:00

Set Up for Event

Date: (4) SUNDAYS
Hours: 8:00 AM to _____

Dismantling of Event

Date: (4) SUNDAYS
Hours: 1:00 PM to 2:00 PM

Estimated Number of Attendees: _____

Estimated Number of ^{CARS} Vendors: 25-40

Sponsoring Organization: SAME

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 * *Requesting From Village of Long Grove*
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured. *Provided By Each Vendor prior to Market*
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 type="checkbox"/> Yes	<input type="checkbox"/> No
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No - <i>only on Market Day</i>
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.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage				
Tents	EACH VENDOR PROVIDES THEIR OWN			
Music				
Other	Phil	Black Dog Promotions - Glenview		847-815-2128

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.
* will provide prior to market
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

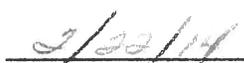
I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with,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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2014

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).

PRODUCER T.A. Cummings Jr. Co. 4153 Main St. Skokie IL 60076		CONTACT NAME: Adriana Mendoza PHONE (A/C No. Ext): (847) 679-7350 FAX (A/C. No): (847) 679-7361 E-MAIL ADDRESS:	
INSURED The Village Tavern of Long Grove, Inc. 135 Old McHenry Rd. Long Grove IL 60047		INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company INSURER B: Accident Fund Insurance 10166 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13-14 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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	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	X	BP34982	4/14/2013	4/14/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BP34982	4/14/2013	4/14/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		JL15011	4/14/2013	4/14/2014	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A WCV6040100	1/24/2014	1/24/2015	<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	Liquor Liability		LL96684	4/14/2013	4/14/2014	Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: LG Farmers Market & ~~and~~ Sundays 6/8 through 10/12 * Strawberry Fest 6/20, 21 & 22 * Veterans Concert & Ill. Booze & Blues 7/26 & 27 * Labor Day Weekend 8/30,31 & 9/1 * Apple & Oktoberfests Weekends 9/20 & 21, 9/27 & 28, 10/4 & 5, 10/11 & 12. Oktoberfest Bayrides 9/20 & 21, 10/4 & 5 10/11 & 12 Farmers Market Car Show Series 6/8, 7/6, 8/3, 9/14, 2014

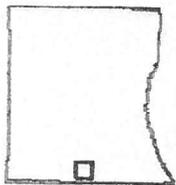
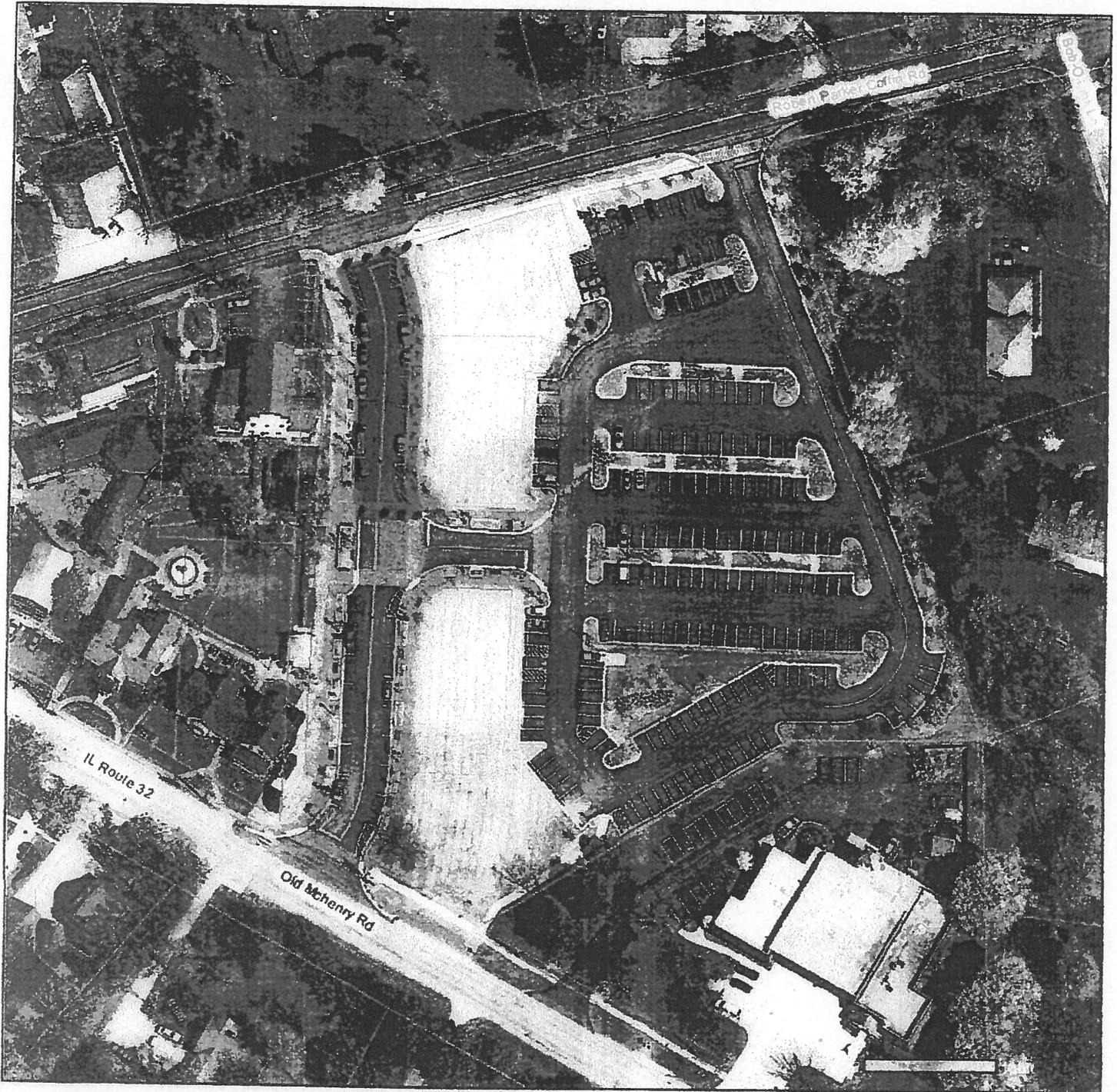
The Village of Long Grove & the Long Grove Business and Community Partners are listed as Additional Insureds with respect to the General Liability, subject to policy terms and conditions.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Scott Cummings/AM
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Lake County Tax Parcel Map

● FARMERS MARKET & ART FAIR

● CAR SHOW



Lake County
Geographic Information System

Lake County Department of
Information Technology
18 N County St
Waukegan IL 60085

Map Printed on 2/7/2013



- Major Roads
- Railroads
- Major Water
- Parcels
- 2010 Aerial Photography

Disclaimer:

This map is for general information purposes only. A Registered Land Surveyor should be consulted to determine the precise location of property boundaries on the ground. This map does not constitute a regulatory determination and is not a base for engineering design. This map is intended to be viewed and printed in color.

Market will be 9:00 - 1:00 pm

SUNDAYS 10-2

FARMERS' MARKET



LONG GROVE
YOU'LL LOVE IT

ARCHER PARKING LOT

