

Visitors' Business
Special Event Applications
The Village Tavern 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
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): Strawberry & Apple Fest & Labor Day in Long Grove

Description/Type of Event: BEER TENT AT THE VILLAGE TAVERN
20x40 BEER TENT NEXT TO THE TAVERN IN PARKING LOT

Event Date: 6/20 to 6/22 + 8/30 to 9/1 Hours: 11:30 AM to 6:00 PM
+ 9/26 to 9/28

Set Up for Event

Date: Thursday prior to each event

Hours: 6:00 AM to 11:00 AM

Dismantling of Event

Date: The day after each event

Hours: 6:00 AM to 11:00 AM

Estimated Number of Attendees: _____

Estimated Number of Vendors: _____

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: 135 OLD MCHENRY ROAD

City: LONG GROVE

State: IL Zip Code: 60047

Phone Number: 847-634-3117

Fax Number: 847-634-3732

Contact Person: MARY ANN WIRICH

Phone Number: 847-651-8185 cell

E-mail Address: LONGGROVEVT@GMAIL.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	_____	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 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 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	CHRIS	JACKS TENTS	WAUKEGAN	847-775-1850
Music	GERMAN MUSIC	1pm to 5pm	IN BEER TENT	
Other		LABOR DAY WEEKEND ONLY		

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.



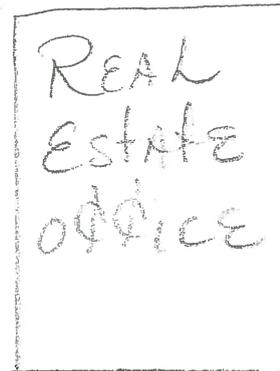
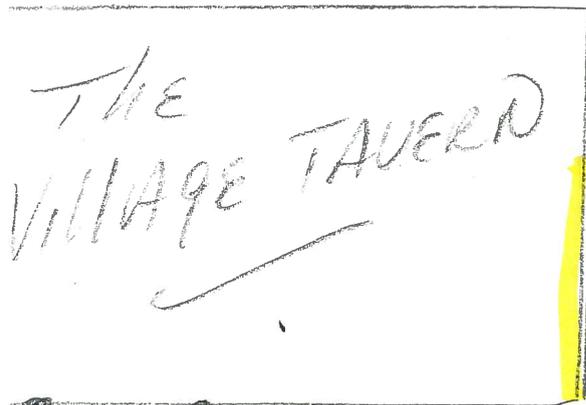
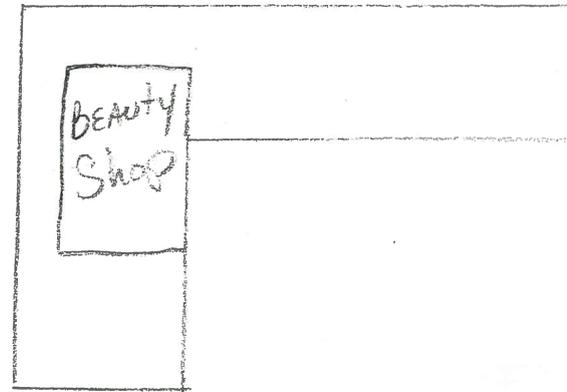
Signature of Applicant

2/22/14
Date

20 x 40 TENT NEXT TO THE VILLAGE TAVERN

- ① STRAWBERRY FEST JUNE 30th, 21st, 22nd
- ② LABOR DAY in LONG GROVE AUG. 30th, 31st + SEPT. 1st
- ③ OKTOBERFEST + APPLE FEST SEPT 20th to SEPT. 28

OAC



BANNER

* BANNER POSTED ON THE FRONT PORCH ONE WEEK PRIOR TO EVENT



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) 679-7351 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 INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10166	

COVERAGES CERTIFICATE NUMBER: 13-14 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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
	GEN L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						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 - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED 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) \$
	<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						<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6040100	1/24/2014	1/24/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER 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 & Art Fair 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 Hayrides 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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- Raffle Application
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- Property Owner Permission
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Please complete this form in its entirety. This application must be submitted a minimum of 90 days prior to the event.

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

EVENT INFORMATION

Event Name & Location(s): ILLINOIS BOOZE & BLUES 7/26/14

Description/Type of Event: ALL ILLINOIS CRAFT SPIRIT DISTILLERIES
sampling their products & A BLUES BAND

Event Date: SAT. 7/26/14 Hours: 2:00pm to 10:00pm

Set Up for Event

Date: 7/25 (Tent set up for Vet. Concert)
Hours: _____ to _____

Dismantling of Event

Date: 7/28
Hours: 6:00AM to 11:00 AM

Estimated Number of Attendees: _____

Estimated Number of Vendors: 10-12
will NOT be selling

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 WIRICH Phone Number: 847-651-8185

E-mail Address: LONGGROVEVT@GMAIL.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 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Temporary Signs | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Other (specify) | _____ | |

PROFESSIONAL WAY FINDING

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 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.

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	2 FOR WEEK-END WASTE MANAGEMENT			
Waste Disposal/Garbage				
Tents				
Music	BLUES BAND INSIDE TENT			3:00pm - 6:00pm
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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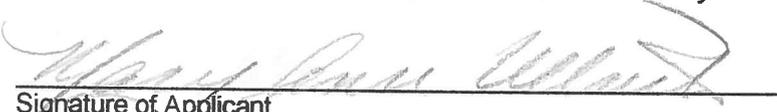
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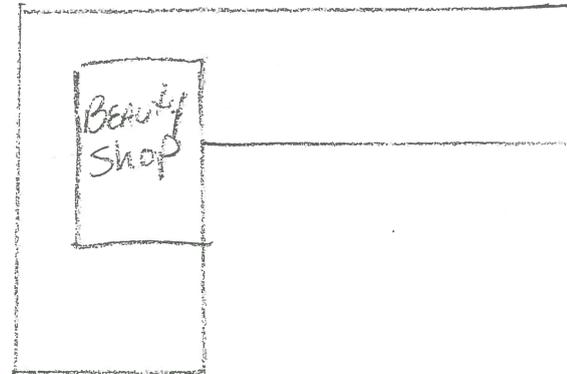

Signature of Applicant

2/22/14
Date

40 x 100 TENT behind THE VILLAGE TAVERN

- ① I. BOOZE & BLUES SPIRITS TASTING July 26th
- ② THE VETERANS FREE CONCERT & PIG ROAST July 27th
- ③ OKTOBERFEST Oct. 4th through Oct. 12th

ROADS



The
VILLAGE TAVERN

Real
Estate
office

BANNER

* BANNER posted ON
FRONT PORCH ONE WEEK
PRIOR TO EVENT

Sample From 2013
will be less busy

THE VILLAGE TAVERN TENT EVENTS



JULY 27TH & 28TH

**1ST ANNUAL ILLINOIS
BOOZE & BLUES**
FEATURING AWARD WINNING
ILLINOIS SPIRIT DISTILLERIES

SATURDAY, JULY 27

12 PM - 7 PM

Sample 12 out of more than 30
selections of spirits, for only \$20

- Open to the General Public
- Featuring Brats and Pulled Pork Sandwiches
- Carnival Games
- Raffle to Benefit Free Veterans' Concert
- Live Music by 2 Chicago Blues Bands

BLUE ROAD BAND
12:30 PM - 3:30 PM

ROCKIN' JOHNNY BLUES BAND
4:00 PM - 7:00 PM



**VETERANS' PIG ROAST
AND CONCERT**
SUNDAY, JULY 28
11 AM - 8 PM

- FREE for Veterans and Active Military
- Open to the General Public
- \$10.00 Pig Roast (Roasted by Dorflers)
- Fun for the Whole Family, Prizes and Raffles
- Carnival Games
- Beer Tastings Featuring G'Knight IPA -
Brewed in Tribute to a Vietnam Veteran

RHYTHMBONE 11:00 AM - 12:30 PM
RICK LINDY & THE WILD ONES 1:00 PM - 2:30 PM

COVER STORY
3:00 PM - 4:30 PM

NEW ODYSSEY
5:00 PM - 8:00 PM

We will also be accepting cards and letters of appreciation and items for
care packages that will be sent to our troops serving abroad through the
"OPERATION AIR LIFT" VFW 5151 organization.



135 Old McHenry Road, Long Grove • 847.634.3117 • longgrovetv@gmail.com





CERTIFICATE OF LIABILITY INSURANCE

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

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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): (947) 679-7351 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 INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC# 10166	

COVERAGES CERTIFICATE NUMBER: 13-14 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	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 - COMP/OP AGG \$ 2,000,000	
	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			UL15011	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			N/A	WCV6040100	1/24/2014	1/24/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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)
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 Farmers Market Car Show Series 6/8, 7/6, 8/3, 9/14, 2014

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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 <i>Scott Cummings</i>



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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- 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): THE VILLAGE TAVERN VETERANS CONCERT & RAFFLE

Description/Type of Event: FREE MUSIC AND FOOD FOR OUR VETERANS AND ACTIVE MILITARY - RAFFLE 7/2 TO 7/27 TO BENEFIT

Event Date: July 27th Hours: 11:00 AM to 8:00 PM EVENT @ VFW 5150 OPERATION AIR 1

Set Up for Event

Date: 7/25
Hours: 6:00 AM to 11:00 AM

Dismantling of Event

Date: 7/28
Hours: 6:00 AM to 11:00 AM

Estimated Number of Attendees: 800

Estimated Number of Vendors: 1 - possible

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: 135 OLD MCHENRY ROAD

City: LONG GROVE

State: IL Zip Code: 60047

Phone Number: 847-634-3117

Fax Number: 847-634-3732

Contact Person: MARY ANN WIRICH

Phone Number: 847-651-8185

E-mail Address: LONGGROVEVT@GMAIL

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	_____	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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B. Temporary Signs	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C. Other (specify)	_____ <i>PROFESSIONAL WAY FINDING</i> <i>7/26+27</i>	

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	2	WASTE MANAGEMENT		
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.”

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

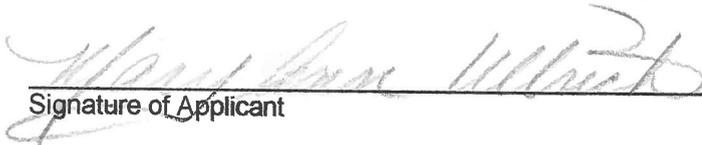
I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that 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.



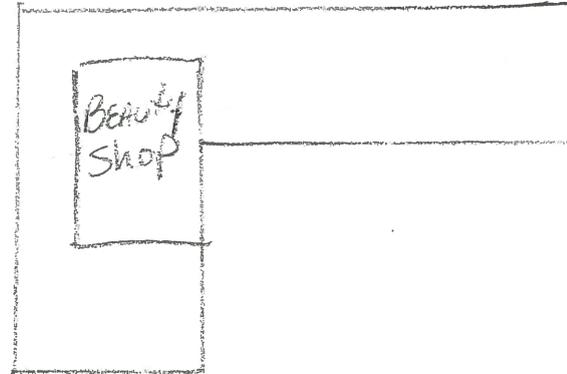
Signature of Applicant

2/22/14
Date

40 x 100 TENT BEHIND THE VILLAGE TAVERN

- ① I.I. BOOZE & BLUES SPIRITS TASTING July 26th
- ② THE VETERANS FREE CONCERT & PIG ROAST July 27th
- ③ OKTOBERFEST Oct. 4th THROUGH Oct. 12th

ROADS



The
VILLAGE TAVERN

Real
Estate
OFFICE

BANNER

* BANNER POSTED ON
FRONT PORCH ONE WEEK
PRIOR TO EVENT



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:

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Sherry Shlagman
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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): OKTOBER FEST
Description/Type of Event: BEER TENT AT THE VILLAGE TAVERN
AND HAIRRIDES THROUGH LONG GROVE 12:00pm to 5:00pm

Event Date: 9/20+21 Oct. 4+5 11+12 Hours: 11:00 AM to 6:00 PM
10/4+11 11:00AM to 9:00 PM

Set Up for Event

Date: 9/19 & 10/3
Hours: 6:00 AM to 11:00 AM

Dismantling of Event

Date: 9/29 & 10/13
Hours: 6:00 AM to 11:00 AM

Estimated Number of Attendees: _____

Estimated Number of Vendors: _____

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: 135 OLD MCHENRY ROAD

City: LONG GROVE State: IL Zip Code: 60047

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

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

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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	_____	Hours _____	to _____
B. Traffic officers	_____	Hours _____	to _____
C. Parking Assistants	_____	Hours _____	to _____

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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	Chris	ZACKS TENTS	WAUKEGAN	847-775-1850
Music	9/20+21	1:00 pm to 5:00 pm		
Other	10/4+11	1:00 pm to 9:00 pm	10/5+12	1:00 pm to 6:00 pm

ALL MUSIC IS IN THE BEER TENT

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.
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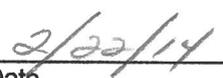
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Signature of Applicant



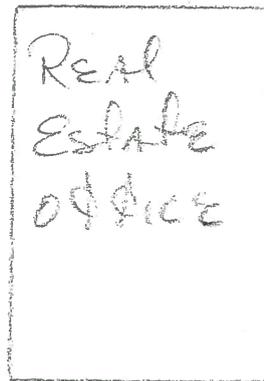
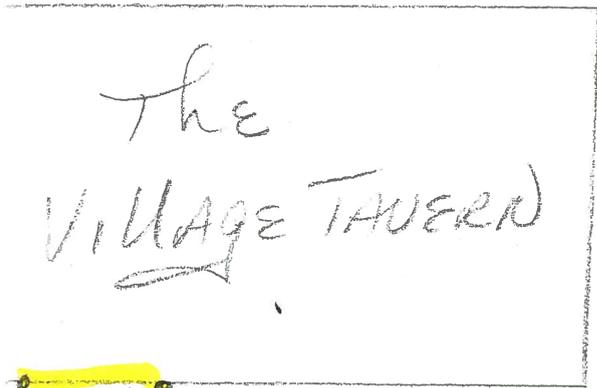
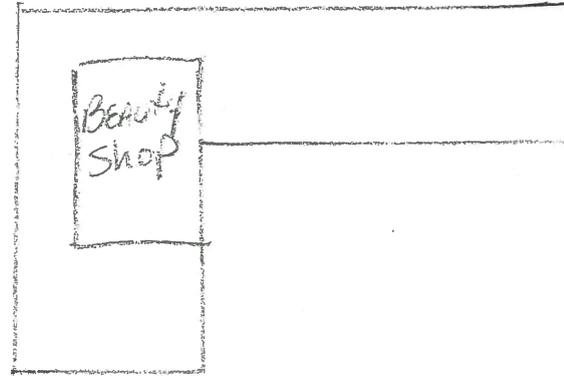
Date

Long Grove Business and Community Partners
307 Old McHenry Road, Long Grove, IL 60047
847-634-0888 Fax: 847-634-3673
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ROAD



BANNER

* BANNER posted ON
FRONT PORCH ONE WEEK
PRIOR TO EVENT

