<u>Visitors' Business:</u>

Special Events & Signage:

Strawberry Fest (LGBCP Revised)

Bentleys Barkery - Blue Buffalo Sale

Midas Auto Service Car Show

May 27, 2014

Addendum to Long Grove Business and Community Partners
Special Event Permit, with specifics, as requested by Dave Lothspeich
Strawberry Festival 2014
June 20, 21, 22

Specifics relating to AMJ Spectacular Events:
5109 West Lake Street, Melrose Park, Il.
www.amoonjump4u.com
Each piece of equipment bares a current sticker of inspection by the State of Illinois.
AMJ was hired as a result of having provided services to Navy Pier. They specialize in Villages, Municipalities, camps, park districts and non for profits.
They have been in business for 13 years.
Their insurance provider is Friedman Insurance.
LGBCP and The Village of Long Grove are additionally listed on the COI.
The LGBCP has paid AMJ for additional coverage for 2014.
There will be a full time supervisor and attendants overseeing the operation and each ride.

Location of Rides and Entertainment:

Towner Green:

1. **Dual Slide – Inflatable (on the grass)**
2. **Trackless Electric Family Train – (seats 24 adults and children) and will make a circular run on the closed off pavement running parallel to Towner Green. The train is charged, overnight, at AMJ facilities, and delivered each AM.**
3. **Express Train – inflatable. This is a walk thru and bouncy for toddlers. (on the grass)**

Archer Lot Pads:

1. **Mayhem Monster Truck- Inflatable slide (on the grass)**
2. **Wipe Out- inflatable obstacle course (on the grass)**
3. **Rock Climbing (on the pavement between the pads)**

(The ponies, same as in previous years, provided by Star Events.)

Village of Long Grove Illinois

RECEIVED
MAY 16 2014
VILLAGE OF LONG GROVE

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: 5-14-14 REVISED

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, including Pony Rides, Kiddie Rides and Inflatables provided by a State licensed and insured event rental company. 5/14/14 MET WITH WALT LOVELADY, WIND CONDITIONS WILL BE MONITORED,

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: 20K 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

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 6/21/14	Hours	3.00pm 10:00AM	to	6.00pm 8PM
		~~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	X	Yes	☐ No
B. Temporary Signs	X	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):

X Newspapers	☐ Cable T.V.	X Internet
X Newsletters	☐ Commercial T.V.	X Radio
X Direct Mailings	☐ Trade Magazines	X 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 Disposal/Garbage				
Tents				
Music	John Barry	STAR EVENTS	1609 W Belmont Ave Chicago, IL 60657	773-619-2983
Other	Billy Meyers	AMJ EVENTS	5109 W Lake St Melrose Park, IL	630-833-4386

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.

Sharon Fine, EXEC. DIRECTOR LGBCP — 5-14-14

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
infocenter@longgrove.org

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/2/2014

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
Friedman Insurance, Inc.
880 Locust Street - Suite 200
P O Box 759
Dubuque IA 52004-0759

CONTACT NAME: Paula Fitzgerald, CISR
PHONE (A/C, No, Ext): (563) 556-0272 FAX (A/C, No): (563) 556-4425
E-MAIL ADDRESS: fitzgeraldp@friedman-group.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Cincinnati Specialty	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
A Moon Jump 4-U Inc, DBA: A Moon Jump 4-U
Party Rental, AMJ Spectacular Events
5109 W Lake Street
Melrose Park IL 60160

COVERAGES CERTIFICATE NUMBER: 14-15 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			CSU0034767	2/8/2014	2/8/2015	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	$	2,000,000
							PRODUCTS - COMP/OP AGG	$	2,000,000
								$	
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$	
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
A	UMBRELLA LIAB OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION $			CSU0048675	2/8/2014	2/8/2015	EACH OCCURRENCE	$	1,000,000
							AGGREGATE	$	1,000,000
								$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS / OTH-ER		
							E.L. EACH ACCIDENT	$	
							E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Long Grove Business and Community and Village of Long Grove is leited as an Additional Insured on the above General Liability.

CERTIFICATE HOLDER

LONG GROVE BUSINESS & COMMUNITY
VILLAGE OF LONG GROVE
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
Sandra Swift/PF

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Village of Long Grove Illinois

FOR OFFICE USE ONLY

- ☐ Site Plan
- ☐ Raffle Application
- ☐ Temp. Liquor License App.
- ☐ Event Application
- ☐ Property Owner Permission
- ☐ Insurance Certificate

SPECIAL EVENT sign APPLICATION

Temporary Sign no event outside

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: 5/21/14 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Blue Buffalo Sale 41916 IL Rt 83 Unit D

Description/Type of Event: Sale on Petfood - This is Just for a sign The sale is inside our store

Event Date: July 1st - Hours: _____ to _____

Set Up for Event
Date July 1st
Hours: _____ to _____

Dismantling of Event - This is only a Sign
Date: _____
Hours: _____ to _____

Estimated Number of Attendees: ?

Estimated Number of Vendors: none

Sponsoring Organization: Bentley's Corner Barkery

Street Address: 41916 IL Rt 83 Unit D

City: Long Grove State: IL Zip Code: 60047

Phone Number: 773.991.7404 Fax Number: _____

Contact Person: LISA Senafe Phone Number: 773-991-7404

E-mail Address: BentleysCB@Live

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

N/A 3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured.

N/A 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):

N/A

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 ☐ 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):

☐ Newspapers	☐ Cable T.V.	☒ Internet
☐ Newsletters	☐ Commercial T.V.	☐ Radio
☒ Direct Mailings	☐ Trade Magazines	☐ Other (specify)

N/A 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				
Waste Disposal/Garbage		N/A	N/A	
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number.
N/A 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.**

N/A 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.

N/A 12. Raffle – Submit "Application for License to Conduct Raffle." Raffle must be approved by the Village Board prior to the event.*

N/A 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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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.

Lisa Senefe
Signature of Applicant

5/21/14
Date

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

Feather Flag
Quantity: 1

Feather Flag
Quantity: 1

Thanks!
F.

David Lothspeich

From: James Hogue
Sent: Thursday, May 29, 2014 8:49 AM
To: David Lothspeich
Subject: FW: Bentley's Feather Flag- for approval
Attachments: Bentleys_FeatherFlag_BlueBuffalo_v2.pdf; IMG_20140528_0001.pdf

For the Board

JIM

From: Bentleys Corner Barkery [mailto:bentleyscb@live.com]
Sent: Wednesday, May 28, 2014 9:54 PM
To: James Hogue
Subject: FW: Bentley's Feather Flag- for approval

Hi Jim,

Here is how the sign will look, it the the first attachment. Please let me know if there is anything more I need to do to get this approved. Do you think I can put this up in June? How long are we allowed to have this up ...we were thinking 30 Days June 15-July 15th. Thanks!

Lisa Senafe
Bentley's Corner Barkery

Village of Long Grove Illinois

FOR OFFICE USE ONLY
- ☐ Site Plan
- ☐ Raffle Application
- ☐ Temp. Liquor License App.
- ☐ Event Application
- ☐ Property Owner Permission
- ☐ Insurance Certificate

SPECIAL EVENT APPLICATION

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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~~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: 5/21/14 ~~Date Received by LGBCP:~~ ____

EVENT INFORMATION

Event Name & Location(s): MIDAS Auto Service Car Show

Description/Type of Event: Hobby car show

Event Date: 7/13/14 Hours: 10Am to 4pm

Set Up for Event
Date 7/12/14
Hours: 5pm to 7pm

Dismantling of Event
Date: 7/13/14
Hours: 4pm to 6pm

Estimated Number of Attendees: 60-100 ?

Estimated Number of Vendors: Ø

Sponsoring Organization: MIDAS Auto Service

Street Address: 7109 N. Rt. 83

City: Mundelein / Long Grove State: Il. Zip Code: 60060

Phone Number: 847-949-6500 Fax Number: 847-843-2633

Contact Person: Alice Bulgarelli Phone Number: 847-927-0065

E-mail Address: Midas mundelein @ earthlink.net

Additional Information

Include with this application the following:

1. A site plan of all areas ~~of the B-4 District~~ covered by the event. On the plan, mark the sanitary facilities and auxiliary parking lots (if applicable).

2. Written permission from property owners Self owned

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. 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):

   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 ☐ Yes ☐ No
   B. Temporary Signs ☑ Yes ☐ No To be display prior to event
   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):

   ☐ Newspapers ☐ Cable T.V. ☑ Internet
   ☐ Newsletters ☐ Commercial T.V. ☐ Radio
   ☐ Direct Mailings ☐ Trade Magazines ☑ Other (specify) Flyer word of mouth

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

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	NA			
Waste Disposal/Garbage	NA			
Tents	NA			
Music	NA			
Other	NA			

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.**

NA

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. TBD if any

12. Raffle – Submit "Application for License to Conduct Raffle." Raffle must be approved by the Village Board prior to the event.* NA

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.***

NA

* 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."

Long Grove Business and Community Partners
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Signature of Applicant

Date 5/21/14

Long Grove Business and Community Partners
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