

**Visitors' Business:**

**Special Events & Signage:**

Porsche Club Concours

Strawberry Fest (LGBCP Revised)

Strawberry Fest (Long Grove Cafe)

Venus de Miles Bicycle Ride Event



RECEIVED

APR 11 2014

SPECIAL EVENT APPLICATION

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

VILLAGE OF LONG GROVE

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: 3/31/2014 Date Received by LGBCP:

EVENT INFORMATION

Event Name & Location(s): Chicago Region Porsche Club - Concours One

Description/Type of Event: Annual Car Show

Event Date: 6/8/14 Hours: 10am to 3pm

Set Up for Event

Date: 6/8
Hours: 9am to 10am

Dismantling of Event

Date: N/A
Hours: to

Estimated Number of Attendees: Estimated Number of Vendors:

Sponsoring Organization: Chicago Region Porsche Club

Street Address: 12043 S. Tola Ct.

City: Palos Heights State: IL Zip Code: 60463

Phone Number: 708-363-1794 Fax Number: N/A

Contact Person: Michael Grove Phone Number: Same

E-mail Address: mgrove.cpa@concorso.net

**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). *TOWNER GREEN*
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	<u>N/A</u>	Hours _____ to _____
B. Traffic officers	<u>N/A</u>	Hours _____ to _____
C. Parking Assistants	<u>N/A</u>	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	<i>Club Banner PCA-Chicago Region</i>
B. Temporary Signs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
C. Other (specify)	<u>N/A</u>		

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 checked="" type="checkbox"/> Internet
<input checked="" type="checkbox"/> Newsletters	<input type="checkbox"/> Commercial T.V.	<input type="checkbox"/> Radio
<input type="checkbox"/> Direct Mailings	<input type="checkbox"/> Trade Magazines	<input checked="" type="checkbox"/> Other (specify) <i>Club Magazine Email</i>

8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc. *N/A*

9. Services provided at event: *N/A*

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. *None*  
 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. *2014 Club Charity - Honor Flight*

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](http://www.illinois.gov/license.cfm).\* *N/A*

\* 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](http://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

3/31/2014  
\_\_\_\_\_  
Date



# Concours One June 8, 2014

10:00 am – 3:00 pm

Towner Green across from the Village Tavern

## Historic Long Grove, IL

This is one of our most popular Concours sites. We return to Long Grove for the first Concours of the 2014 season. This will be an exceptional opportunity to enjoy historic Long Grove, IL with your family, and its great restaurants, taverns and unique stores. A fun day for all!

Go to [WWW.LONGGROVEONLINE.COM](http://WWW.LONGGROVEONLINE.COM) for directions, shopping, Father's Day lunch & dinner reservations, and everything else Long Grove has to offer.

- 10:00 Cars arrive for final preparation.
- 11:15 Judges meeting
- 11:30 Judging begins, lunch at Long Grove restaurant of your choice  
Reminder: Please be at your Porsche when judging begins.
- 2:30 Awards will be presented.

Class Full	Exterior, Interior, Trunk, Engine and Undercarriage
Class Touring	Exterior, Interior, Trunk and Engine
Class Show	Exterior, Interior and Trunk
Class Exhibition	Exterior and Interior
Class Corral	Display only, not judged.



**2014 Concours Sponsor**  
**aestheticdetail**  
 ELITE AUTOMOTIVE DETAILING SERVICES  
[www.aestheticdetail.com](http://www.aestheticdetail.com)  
 (630) 418-8138  
 5 Sycamore Court, Bolingbrook

No Pre-Registration required. Just fill out and bring the below slip. Entry fee: \$25.00  
Checks payable to: Chicago Region-PCA

Questions? Contact: Michael Grove Phone: 708-363-1294, before 9:00 pm E-Mail: [mgrovecpa@comcast.net](mailto:mgrovecpa@comcast.net)

Bring this form to Registration  
Cut Here

Concours Entrant Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

PORSCHE Model \_\_\_\_\_ Body Style \_\_\_\_\_ Year \_\_\_\_\_

Class (circle) Full Touring Show Exhibition Corral (Not judged)  
\$10.00 Entry fee to Charity

Amount enclosed: \$ \_\_\_\_\_



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 MONITORED,

#### Set Up for Event

Date JUNE 19th 2014 6.00AM-10.00PM

Hours: JUNE 20<sup>th</sup> 2014 4.00AM-10.00AM

Estimated Number of Attendees: 20K

#### Dismantling of Event

Date: JUNE 22nd 2014

Hours: 6.00PM to 12.00AM

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 6/21/14 <del>8/21</del> - 6/22	Hours	3.00pm 10:00am	to	6.00pm 8pm 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 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](http://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](http://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 Liu, EXECUTIVE DIRECTOR LGBCP

Signature of Applicant

5-14-14

Date

FRIEDMAN INSURANCE Fax: 563-556-4425 May 13 2014 02:05pm  
**CERTIFICATE OF LIABILITY INSURANCE**

PO02/002  
 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).

<b>PRODUCER</b> Friedman Insurance, Inc. 880 Locust Street - Suite 200 P O Box 759 Dubuque IA 52004-0759		<b>CONTACT NAME:</b> Paula Fitzgerald, CSR <b>PHONE (A/C No, Ext):</b> (563) 556-0272 <b>FAX (A/C No):</b> (563) 556-4425 <b>E-MAIL ADDRESS:</b> Fitzgeraldp@friedman-group.com	
<b>INSURED</b> 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		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cincinnati Specialty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**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 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			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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY 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 listed as an Additional Insured on the above General Liability.

<b>CERTIFICATE HOLDER</b>  LONG GROVE BUSINESS & COMMUNITY VILLAGE OF LONG GROVE 308 OLD MCHENRY ROAD LONG GROVE, IL 60047	<b>CANCELLATION</b>  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
---	---



# SPECIAL EVENT APPLICATION

RECEIVED

MAY 19 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: 5-19-14 Date Received by LGBCP: \_\_\_\_\_

### EVENT INFORMATION

Event Name & Location(s): Strawberry Fest

Description/Type of Event: tent live music, grill w/ Burgers  
sale of liquor (strawberry margaritas)

Event Date: JUNE Hours: 11am to 9pm

Set Up for Event  
Date: Friday

Dismantling of Event  
Date: Saturday 11-6  
Sunday

Hours: 10am to \_\_\_\_\_

Hours: \_\_\_\_\_ to 6:00pm

Estimated Number of Attendees: —

Estimated Number of Vendors: —

Sponsoring Organization: Long Grove Cate

Street Address: 235 RPR Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: (847) 722-5555 Fax Number: \_\_\_\_\_

Contact Person: Dawn 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
- 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	<u>0</u>	Hours _____ to _____
B. Traffic officers	<u>0</u>	Hours _____ to _____
C. Parking Assistants	<u>0</u>	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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Internet <u>website/Facebook</u>
<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. Badd.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage	Waste Management			
Tents		Taylor Rental		
Music		VARIOUS		
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](http://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](http://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**

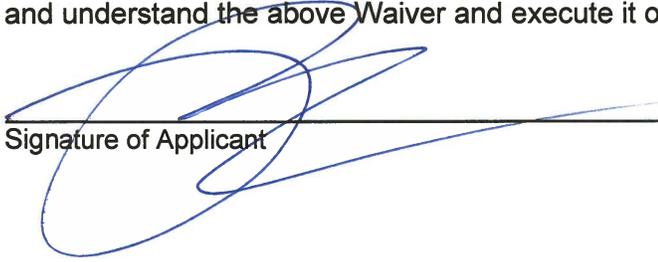
I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that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

5-19-2014  
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: 05/20/2014

Date Received by LGBCP: \_\_\_\_\_

**EVENT INFORMATION**

Event Name & Location(s): Venus de Miles, Lake Forest College – Glen Rowan House,

Description/Type of Event: All-women's non-competitive cycling ride that benefit Greenhouse Scholars and celebrates sisterhood.

Event Date: August 9, 2014 Hours: 7:00am to 2:00pm

Set Up for Event

Date: August 7 & 8

Hours: 8:00am to 8:00pm

Dismantling of Event

Date: August 9

Hours: 2:00pm to 10:00pm

Estimated Number of Attendees: 800

Estimated Number of Vendors: 20

Sponsoring Organization: Greenhouse Scholars

Street Address: 1881 9<sup>th</sup> Street, Suite 20

City: Boulder State: CO Zip Code: 80302

Phone Number: 303-459-5466

Fax Number: 303-464-7796

Contact Person: Angie Murphy

Phone Number: 719-650-3222 (Cell)

E-mail Address: amurphy@greenhousescholars.org

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):

→ **Please advise on what we need based on our route maps.**

- |                       |       |                      |
|-----------------------|-------|----------------------|
| 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 checked="" type="checkbox"/> Yes | <input 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. *Attached to road signs, not on private property.*

7. Indicate promotional materials and advertising to be used (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspapers                 | <input type="checkbox"/> Cable T.V.      | <input checked="" type="checkbox"/> Internet                            |
| <input type="checkbox"/> Newsletters                | <input type="checkbox"/> Commercial T.V. | <input type="checkbox"/> Radio  |
| <input checked="" type="checkbox"/> Direct Mailings | <input type="checkbox"/> Trade Magazines | <input checked="" type="checkbox"/> Other (specify) <i>Social Media</i> |

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	Alejandra Cruz	Service Sanitation	135 Blaine St., Gary, IN 46404	800-909-JOHN
Waste Disposal/Garbage	Marco Lagos	Lakeshore Athletic Services	7555 North Linder Skokie, IL 60077	847-673-4100
Tents	N/A			
Music	N/A			
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. Greenhouse Scholars, Angie Murphy, 303-459-5466
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](http://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](http://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**

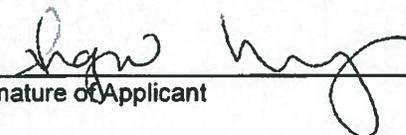
I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that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

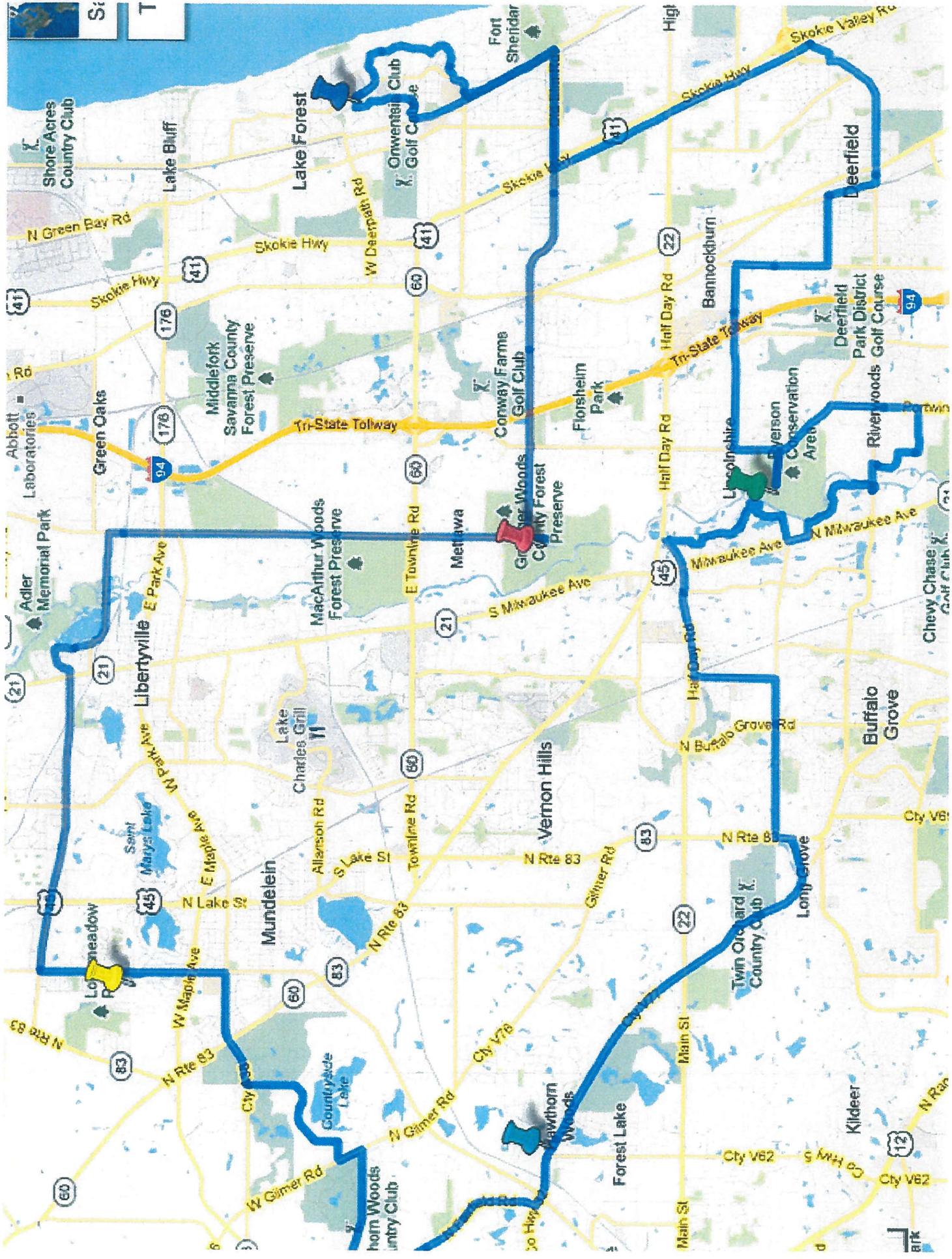
I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees, arising out of, connected with,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

5/20/2014  
Date



Scale: 0 5 10 Miles

Libertyville

Mundelein

Vernon Hills

Forest Lake

Deerfield

Buffalo Grove

Green Oaks

MacArthur Woods Forest Preserve

Green Woods Community Forest Preserve

Conway Farms Golf Club

Florsheim Park

Riverwoods Golf Course

Lake Forest

Middlefork Savanna County Forest Preserve

Conway Farms Golf Club

Florsheim Park

Deerfield Park District Golf Course

Chew Chase Golf Club

Lake Bluff

Green Oaks

Green Oaks

Green Oaks

Green Oaks

Green Oaks

Skokie



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2014

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).

<b>PRODUCER</b> Mountain States Insurance Group, Inc. PO Box 382 Erie, CO 80516	<b>CONTACT NAME:</b> Stimeling, Jennifer L <b>PHONE (A/C, No, Ext):</b> 303-828-4539 <b>E-MAIL ADDRESS:</b> MSIG@q.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Greenhouse Scholars 1881 9th St Suite 200 Boulder, CO 80302	<b>INSURER A:</b> Axis Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b> North American Specialty Insurance Company	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****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
C	GENERAL LIABILITY			EKN8000133-01	02/20/2014	02/20/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
C	AUTOMOBILE LIABILITY			EKA8000475-00	02/20/2014	02/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB			EKX8000097-01	02/20/2014	02/20/2015	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Com Accident & Health			SRPO-35000-4500-00042	02/20/2014	02/20/2015	E.L. DISEASE - POLICY LIMIT \$ 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is listed additional insured under the general liability with regard to the Venus De Miles 2014

**CERTIFICATE HOLDER****CANCELLATION**

Village of Long Grove 3110 RFD Long Grove, IL 60047 847-634-9440	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 

© 1988-2010 ACORD CORPORATION. All rights reserved.