

**Visitors' Business:**  
**Special Event/Temporary Signage Application:**  
Ice Meltin' Blues - March 2nd - 3rd



**FOR OFFICE USE ONLY**

- Site Plan
- Raffle Application
- Temp. Liquor License App.

### SPECIAL EVENT APPLICATION

**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:

John Maguire  
 LGBCP  
 146 Old McHenry Road  
 Long Grove, IL 60047  
 847-634-0888  
 Fax: 847-634-3673  
[jmaguire@longgrove.org](mailto:jmaguire@longgrove.org)

Sherry Shlagman  
 Village of Long Grove  
 3110 RFD  
 Long Grove, IL 60047  
 847-634-9440  
 Fax: 847-634-9408  
[sshlagman@longgrove.net](mailto:sshlagman@longgrove.net)

Submittal Date:   1-23-13  

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

#### EVENT INFORMATION

Event Name & Location(s): \_Ice Meltin' Blues – tribute to the Blues Brothers\_

Description/Type of Event:       Blues Music indoors at several in town restaurants: Village Tavern, L.G. Cafe\_etc.      Look A Like contest for the public indoors, merchants dressing up as blues brothers      

Event Date:       March 2 & 3       Hours:   10 am.   to 10 pm.

Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

#### Set Up for Event

Event Date: \_\_\_\_\_ day of \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

#### Dismantling of Event

John Maguire, Executive Director  
 Long Grove Business and Community Partners  
 307 Old McHenry Road, Long Grove, IL 60047  
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673  
[jmaguire@longgrove.org](mailto:jmaguire@longgrove.org)

Event Date: \_\_\_\_\_ day after \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_ 200 \_\_\_\_\_  
\_\_\_\_\_ 0 \_\_\_\_\_

Estimated Number of Vendors: \_\_\_\_\_

Sponsoring Organization:  
\_\_\_LGBCP\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_Jacquie Longeway\_\_\_\_\_ Phone Number:  
\_\_\_847-550-4249\_\_\_\_\_

E-mail Address: \_\_\_\_\_classsun@aol.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. On File
- 4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. N/A

5. Provide the number of security and police officers required and the times for each N/A  
(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:

- A. Banners  Yes  No
- B. Temporary Signs  Yes  No
- C. Other (specify) \_\_\_\_\_ Life sized Blues Bros. statue displayed 1 week prior to event at crossroads on porch of Farmside, old Olive tap or Back Porch \_\_\_\_\_

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. Will Do

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

- Newspapers  Cable T.V.  Internet
- Newsletters  Commercial T.V.  Radio

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Direct Mailings       Trade Magazines       Other (specify)

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. N/A  
Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **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](http://www.illinois.gov/license.cfm).**\*

All the above information is submitted 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.

Jacque Longeway

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_ January 23,

2013 \_\_\_\_\_

Date

\* 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.”