Visitors' Business:

Special Event Applications:

Weekend Hay Wagon Rides - Sept 22nd - Oct 14th

Downtown Promotion - Aug 11th - Dec 31st

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

RECEIVED
AUG 15 2012
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: Aug / 2012 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): HAYWAGON Rides (not during AppleFest)

Description/Type of Event: HAYWAGON Rides Through Town

Event Date: WEEK-ENDS only Hours: 12:00 to 5:00

Set Up for Event
Date STARTING Sept 22 & 23rd
Hours: _____ to _____

Dismantling of Event
Date: ENDING Oct 13th & 14th
Hours: _____ to _____

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 Ulrich Phone Number: _____
E-mail Address: LongGroveVT@GMAIL

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 ☐ Yes ☐ No
   B. Temporary Signs ☒ Yes ☐ No
   C. Other (specify) SANDWICH BOARD IN FRONT OF THE VILLAGE TAVERN

   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)

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				
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.

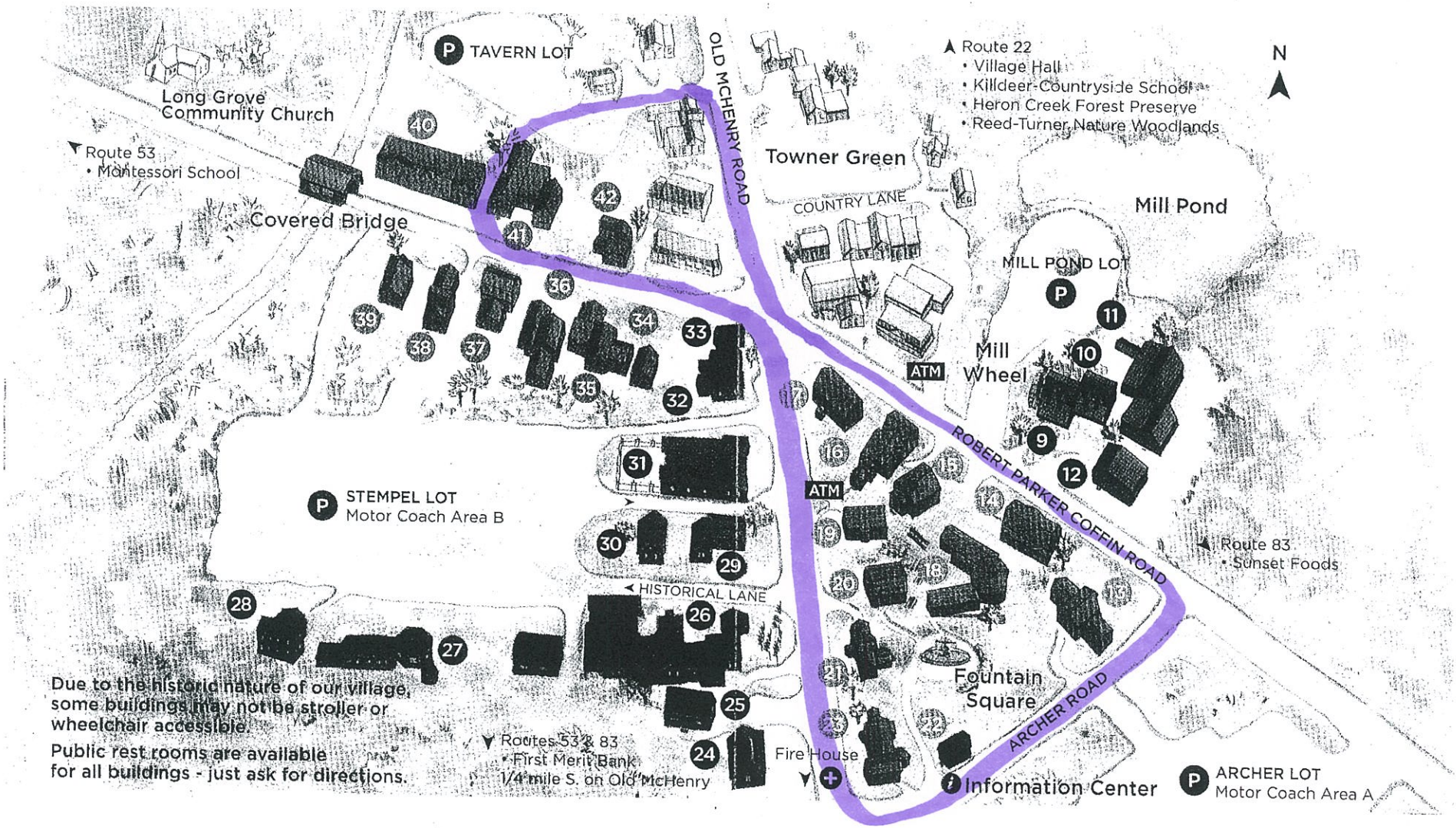
INDEMNITY AND DEFENSE

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

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


P TAVERN LOT
Long Grove Community Church
Route 53
• Montessori School
Covered Bridge
OLD MCHENRY ROAD
Towner Green
Route 22
• Village Hall
• Killdeer-Countryside School
• Heron Creek Forest Preserve
• Reed-Turner Nature Woodlands
N
COUNTRY LANE
Mill Pond
MILL POND LOT
P
Mill Wheel
ATM
ATM
ROBERT PARKER COFFIN ROAD
P STEMPEL LOT
Motor Coach Area B
HISTORICAL LANE
Route 83
• Sunset Foods
Fountain Square
ARCHER ROAD
Due to the historic nature of our village, some buildings may not be stroller or wheelchair accessible.
Public rest rooms are available for all buildings - just ask for directions.
Routes 53 & 83
• First Merit Bank
1/4 mile S. on Old McHenry
Fire House
Information Center
P ARCHER LOT
Motor Coach Area A

Village of Long Grove Illinois

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Sherry Shlagman
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3110 RFD
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Fax: 847-634-9408
sshlagman@longgrove.net

Submittal Date: 8/11/12 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Long Grove Business Development, historic downtown

Description/Type of Event: Promotion of Long Grove business and festivals - one cluster banner + 2 information banners

Event Date: 8/11/12 - 12/31/12 Hours: 24 hr/day to _____

Set Up for Event

Date 8/11/12

Hours: _____ to _____

Dismantling of Event

Date: _____

Hours: _____ to _____

Estimated Number of Attendees: _____

Estimated Number of Vendors: _____

Sponsoring Organization: Long Grove Business & Community Partners

Street Address: 307 Old McHenry Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-634-0888 Fax Number: 847-634-3673

Contact Person: Rachel Phone Number: 630-992-5607

E-mail Address: infocenter@longgrove.org

Additional Information

Include with this application the following:

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2. Written permission from property owners

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Clare Ball
Signature of Applicant

8/11/12
Date

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infocenter@longgrove.org