

**Visitors' Business:**

**Special Event Applications:**

Congregation Beth Judea Rummage Sale: 08/07/11.

Long Grove Fine Art & Wine Festival: 08/20-21/11.



FOR OFFICE USE ONLY

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

SPECIAL EVENT APPLICATION

3 PAGES

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

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

Submittal Date: 6/17/11 Date Received by LGBCP: \_\_\_\_\_

EVENT INFORMATION

Event Name & Location(s): RUMMAGE SALE - Cong. BETH JUDAH RFD 5304

Description/Type of Event: SALE OF DONATED USED CLOTHING, HOUSEWARES, TOYS, ETC.

Event Date: 8/7/11 Hours: 7:30 a.m. to 3:00 p.m.  
 Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Set Up for Event

Event Date: 7/31 - 8/6 DONATIONS TO BE Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Event Date: DROPPED OFF & SET-UP Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Hours: \_\_\_\_\_ to \_\_\_\_\_

Dismantling of Event

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

Estimated Number of Participants: 100 Estimated Number of Vendors: 0

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

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

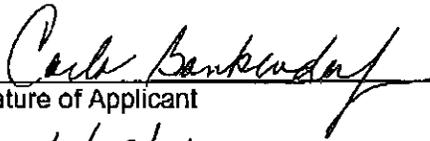
9. Services provided at event:

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. 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.**
- 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).**\*

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.

  
Signature of Applicant

6/17/11  
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."

Sponsoring Organization: CONGREGATION BETH JUDEA SISTERHOOD  
 Street Address: RFD 5304  
 City: LONG GROVE State: IL Zip Code: 60047  
 Phone Number: 847-634-0777 Fax Number: 847-634-8055  
 Contact Person: SANDY GOLDENBERG Phone Number: 847-577-9730  
 E-mail Address: BETHJUDEA.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 auxillary 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 required and the times for each

|                       |          |                      |
|-----------------------|----------|----------------------|
| 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:

- |                          |   |                             |
|--------------------------|---|-----------------------------|
| 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) _____ |   |                             |

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 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 type="checkbox"/> Other (specify)     |

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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: 6/21/11 Date Received by LGBCP: 4/2/11

EVENT INFORMATION

Event Name & Location(s): Long Grove Fine Art & Wine Festival in Archer Lot

Description/Type of Event: Approx. 100 Artists Booths Displaying & Selling, Wine Tasting, Tent w/ Long Grove Wine Sellers, Food Vendors, Sponsors and Entertainment

|  |                                    |
|--|------------------------------------|
| Event Date: <u>Saturday, August 20</u> | Hours: <u>11 AM</u> to <u>7 PM</u> |
| Event Date: <u>Sunday, August 21</u>   | Hours: <u>10 AM</u> to <u>5 PM</u> |
| Event Date: _____                      | Hours: _____ to _____              |

Set Up for Event

|                           |                                |
|---------------------------|--------------------------------|
| Event Date: <u>Friday</u> | Hours: <u>Noon</u> to <u>7</u> |
| Event Date: _____         | Hours: _____ to _____          |
| Event Date: _____         | Hours: _____ to _____          |

Dismantling of Event

|   |                                    |
|---|------------------------------------|
| Event Date: <u>Sunday <del>20</del></u> | Hours: <u>5 PM</u> to <u>10 PM</u> |
| Event Date: _____                       | Hours: _____ to _____              |
| Event Date: _____                       | Hours: _____ to _____              |

Estimated Number of Participants: 4,000

Estimated Number of Vendors: 125

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 Long Grove Business and Community Partners  
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 Direct Line: 847-634-0888 Direct Fax: 847-634-3673  
[jmaguire@longgrove.org](mailto:jmaguire@longgrove.org)

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 |              | Wash Mopnet  |         |              |
| Waste Disposal/Garbage        |              | Waste Mopnet |         |              |
| Tents                         |              | AAA Rentals  |         |              |
| Music                         |              | Star Events  |         |              |
| 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. **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.\*

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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.

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

6/21/11  
 \_\_\_\_\_  
 Date

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 Direct Line: 847-634-0888 Direct Fax: 847-634-3673  
[jmaguire@longgrove.org](mailto:jmaguire@longgrove.org)

Sponsoring Organization: Kildeer Countryside PTO and Long Grove Business & Community Partners

Street Address: LBBCP - 307 Old McHenry Road

City: Long Grove IL State: 60047 Zip Code: \_\_\_\_\_

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

Contact Person: John Maguire 847-746-0902 Phone Number: \_\_\_\_\_  
Dub Pentek 847-707-1247

E-mail Address: jmaguire@longgrove.org  
dubpentek@comcast.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).
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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

|                       |                             |  |
|-----------------------|-----------------------------|--|
| A. Security officers  | <u>                    </u> | Hours <u>                    </u> to <u>                    </u> |
| B. Traffic officers   | <u>                    </u> | Hours <u>                    </u> to <u>                    </u> |
| C. Parking Assistants | <u>                    </u> | Hours <u>                    </u> to <u>                    </u> |

6. Indicate whether there will be any of the following:

|                          |   |                             |
|--------------------------|---|-----------------------------|
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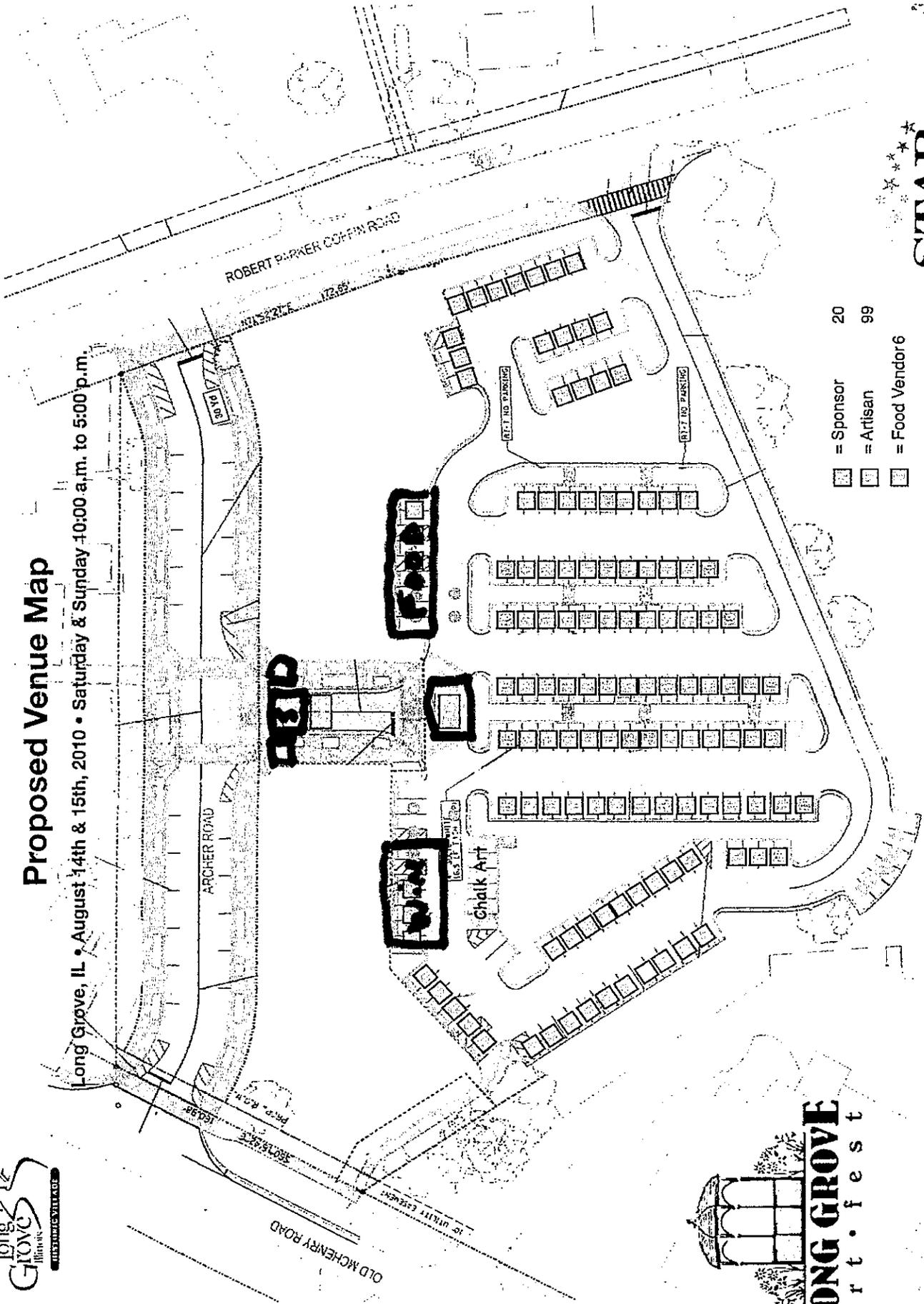
|   |  |  |
|---|--|--|
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| <input checked="" type="checkbox"/> Newsletters | <input type="checkbox"/> Commercial T.V. | <input type="checkbox"/> Radio                 |
| <input type="checkbox"/> Direct Mailings        | <input type="checkbox"/> Trade Magazines | <input type="checkbox"/> Other (specify) _____ |

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Long Grove Fine Art Fest | Featuring the Wine & Dine

# Proposed Venue Map

Long Grove, IL • August 14th & 15th, 2010 • Saturday & Sunday 10:00 a.m. to 5:00 p.m.



-  = Sponsor 20
-  = Artisan 99
-  = Food Vendor 6



StarEvents, LLC ★ 1609 W. Belmont, 2nd Floor ★ Chicago, IL 60657 ★ 773.665.4682 ★ Fax 773.665.4866



# STATE OF ILLINOIS

## LIQUOR CONTROL COMMISSION

**11-4A-0098716**

License Number

Pat Quinn - Governor

IN ACCORDANCE WITH LIQUOR CONTROL ACT OF 1934. THIS CERTIFIES THAT:

LONG GROVE BUSINESS & COMMUNITY PARTNERS  
LONG GROVE BUSINESS & COMMUNITY PARTNERS  
307 OLD MC HENRY ROAD

LONG GROVE, IL 60047

LAKE

HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:

**SPECIAL EVENT RETAILER**

ISSUE DATE

**04/21/2011**

Effective: **08/20/2011**

THIS LICENSE EXPIRES ON:

See below

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES

IBT: 0000-0000

THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL

SXM

### SPECIAL EVENT LICENSE/SPECIAL USE PERMIT -- EVENT DATE(S) AND TIMES

Event Type And Location

FINE ART & WINE FESTIVAL OF GREAT TASTES  
DOWNTOWN LONG GROVE  
307 MCHENRY ROAD  
LONG GROVE

From Date / Time

08/20/2011 11:00 AM  
08/21/2011 11:00 AM

To Date / Time

08/20/2011 10:00 PM  
08/21/2011 10:00 PM

If From/To Dates above are NA, then please discard that portion of the license.

#### COVER CHARGES AND THE HAPPY HOUR LAW

In order to be in compliance with the Illinois 'Happy Hour Law', retail licensees may not impose a cover charge unless the fee goes towards the cost of off-setting entertainment costs. For example, licensees may not charge a cover of \$3.00, and then provide all-you-can-drink beer.

Licensees can, however, bring in special entertainment such as a band, and charge a cover fee. There cannot be any drink specials attached to the cover cost. All drink specials must run from open 'til close, and be available to all customers.

If you have any questions about these rules, or any aspect of the Illinois Liquor Control Act, call 312/814-2206 in Chicago, or 217/782-2136 in Springfield.

LONG GROVE BUSINESS & COMMUNITY  
307 OLD MC HENRY ROAD

LONG GROVE, IL 60047-

MAILING ADDRESS

