

**Visitors' Business:**

**Special Event Applications:**

*Sweet Whimsy Bakery Extended Hours & Outdoor Sales.*

*Downtown Long Grove World Tour: 09/04–09/06/2010.*

*Festival Of Sunset Grove – 09/10/2011.*

*Long Grove OktoberFest & Parade – 10/15-10/16/2011.*



# SPECIAL EVENT APPLICATION

### FOR OFFICE USE ONLY

- Site Plan
- Raffle Application
- Temp. Liquor License App.
- Temp. Business Lic. App.
- 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:

John Maguire  
 LGBCP  
 146 Old McHenry Road  
 Long Grove, IL 60047  
 847-634-0888  
 Fax: 847-634-3673  
[imaguire@longgrove.org](mailto:imaguire@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: 07/26/11 Date Received by LGBCP: \_\_\_\_\_

### EVENT INFORMATION

Event Name & Location(s): Friday Extended Hours 223 Long Grove II

Description/Type of Event: Limited Food ~~see~~ sales from the Front Porch of Trillium (Limited Baked Goods)

Event Date: 8/5/11 - 8/26/11 (Fridays only) Hours: 1900 to 2100

#### Set Up for Event

Date: same day  
Hours: 1800 to 1900

#### Dismantling of Event

Date: same day  
Hours: 2100 to 2130

Estimated Number of Attendees: 30

Estimated Number of Vendors: 1

Sponsoring Organization: SWEET WHIMSY

Street Address: 251 Long Robert Parker Coffin

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-821-2021 Fax Number: \_\_\_\_\_

Contact Person: Joshua Baudin Phone Number: 815-701-2995

E-mail Address: joshua@sweetwhimsyastory.com

Village of Long Grove  
 3110 RFD  
 Long Grove, IL 60047  
 847-634-9440 Fax: 847-634-9408  
[www.longgrove.net](http://www.longgrove.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 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
<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)

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

NA

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	NA			
Waste Disposal/Garbage	Art Hollis Scott Baudin	Capital 22 SWEETWHELMY	660 Hubbard Ct 251 R PC LG	847-821-2601
Tents	Josh Bar			
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](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.”

Long Grove Extended Hours Merchant List

Sweet Whimsy

251 Robert Parker Coffin, Long Grove

847-821-2021

Tax ID: 3946-8550

# SWEET WHIMSY

Fonsecia Bread  
+  
Pretzel Bread  
4 \$

3 \$

Spin Crissant

Fudge Bunnies + Coconutty

Scone

Chocolate Peppermint  
Sugar







RECEIVED

JUL 25 2011

VILLAGE OF LONG GROVE

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: 7/25/11 Date Received by LGBCP: 7/25/11

EVENT INFORMATION

Event Name & Location(s): Long Grove World Tour

Description/Type of Event: Promotional weekend for Long Grove businesses to highlight ethnic/cultural activities, music, dance, food, retail items

Event Date: _____	<u>Sept. 3</u>	Hours: _____	<u>10 AM</u>	to	<u>9 AM</u>
Event Date: _____	<u>Sept. 4</u>	Hours: _____	<u>10 AM</u>	to	<u>5 PM</u>
Event Date: _____	<u>Sept. 5</u>	Hours: _____	<u>10 AM</u>	to	<u>5 PM</u>

Set Up for Event

Event Date: _____	Hours: _____	to	_____
Event Date: _____	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: 500 guests per day Estimated Number of Vendors: 10  
Shops who may set up outdoor music or displays

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)

Sponsoring Organization: Long Grove Partners (on behalf of individual businesses)  
 Street Address: 307 Old McHenry Road  
 City: Long Grove State: IL Zip Code: 60047  
 Phone Number: 847-634-0888 Fax Number: 847-634-3673  
 Contact Person: John Maguire / John Kopecky Phone Number: \_\_\_\_\_  
 E-mail Address: jmaguire@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 all activities on own rented properties
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:

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 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)

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: *All services provided on hosting business properties*

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	<i>/</i>			
Waste Disposal/Garbage	<i>/</i>			
Tents	<i>Daytime temp.</i>			
Music	<i>Various</i>			
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. - *All licensed in Long Grove*  
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.** - *Individual resp.*
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

*7/25/11*  
\_\_\_\_\_  
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.”





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 146 Old McHenry Road  
 Long Grove, IL 60047  
 847-634-0888  
 Fax: 847-634-3673  
[jmm1359@aol.com](mailto:jmm1359@aol.com)

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

Submittal Date: 2/18/11 ORIGINAL / 8/11/11 Date Received by LGBCP: \_\_\_\_\_

**EVENT INFORMATION**

*Revised OKTOBERFEST*

Event Name & Location(s): October Fest - Village Tavern

Description/Type of Event: Oct. 15<sup>th</sup> & 16<sup>th</sup>

Event Date: Oct 15<sup>th</sup>  
 Event Date: Oct 16<sup>th</sup>  
 Event Date: \_\_\_\_\_

Hours: 11:00 AM to 10:00 PM  
 Hours: 11:00 AM to 6:00 PM  
 Hours: \_\_\_\_\_ to \_\_\_\_\_

**Set Up for Event**

Event Date: Oct 14<sup>th</sup>  
 Event Date: \_\_\_\_\_  
 Event Date: \_\_\_\_\_

Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Hours: \_\_\_\_\_ to \_\_\_\_\_

**Dismantling of Event**

Event Date: \_\_\_\_\_  
 Event Date: \_\_\_\_\_  
 Event Date: \_\_\_\_\_

Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Hours: \_\_\_\_\_ to \_\_\_\_\_  
 Hours: \_\_\_\_\_ to \_\_\_\_\_

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

Estimated Number of Vehicles: \_\_\_\_\_  
 Estimated Number of Volunteers: \_\_\_\_\_

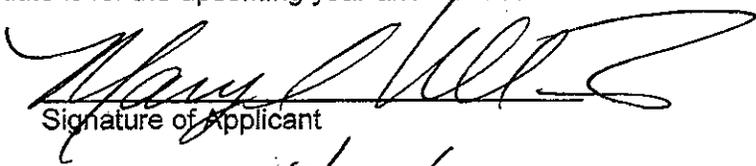
8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage				
Tents				
Music	BAND	6:00 - 10:00		
Other	Rythmboxz			773-401-5342

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.
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 Signature of Applicant

8/16/10  
 Date

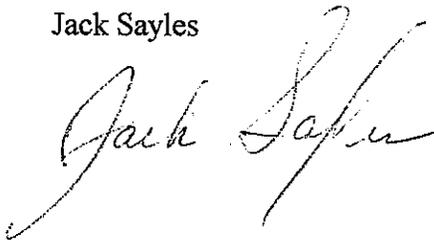
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8/10/11

Mary Ann Ullrich & The Village Tavern have permission to use The Parking Lot behind the Hair Shop for:

1. A 40 x 100 tent, tables & chairs or any other activities for the fest. Oct. 15<sup>th</sup> & 16<sup>th</sup>
2. Oktoberfest Car Show Sat. Sept. 24<sup>th</sup>, Sat. Oct. 8<sup>th</sup> & Sat. Oct. 15<sup>th</sup>

Jack Sayles

A handwritten signature in cursive script that reads "Jack Sayles". The signature is written in black ink and is positioned below the printed name.

Beer Truck & Food

STAGE

40 x 100  
TENT

BEAUTY  
SHOP

BEER  
GARDEN

RE  
OFFICE

TRUCK





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AUG 08 2011



VILLAGE OF LONG GROVE

SPECIAL EVENT APPLICATION

- FOR OFFICE USE ONLY
- Site Plan
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  - Temp. Liquor License App.
  - Temp. Business Lic. App.
  - Property Owner Permission
  - Insurance Certificate

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 Long Grove, IL 60047  
 847-634-9440  
 Fax: 847-634-9408  
[sshlagman@longgrove.net](mailto:sshlagman@longgrove.net)

Submittal Date: 8/8/11 Date Received by LGBCP: \_\_\_\_\_

EVENT INFORMATION

Event Name & Location(s): FESTIVAL OF SUNSET GROVE  
 Description/Type of Event: CUSTOMER APPRECIATION

Event Date: SEPTEMBER 10, 2011 Hours: 11:00am to 3:00pm

Set Up for Event

Date: 9/10/11  
 Hours: 8:00am to 3:30pm

Dismantling of Event

Date: 9/10/11  
 Hours: \_\_\_\_\_ to 3:30pm

Estimated Number of Attendees: N/A

Estimated Number of Vendors: 1

Sponsoring Organization: SUNSET GROVE TENANTS

Street Address: CORNER OF IL RT 83 & APTIKISIC

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847 367 6180 Fax Number: 847 367 6182

Contact Person: FRANCINE RIPPBERGER Phone Number: \_\_\_\_\_

E-mail Address: FRANCINE@LJSHERIDAN.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        0                        Hours \_\_\_\_\_ to \_\_\_\_\_  
 B. Traffic officers          0                        Hours \_\_\_\_\_ to \_\_\_\_\_  
 C. Parking Assistants      0                        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. ON PREMISE

- 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.

MOON WALK

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	✓	L. J. SHERIDAN & CO.		
Waste Disposal/Garbage	✓	1900 HOLLISTER DR.		
Tents	✓	LIBERTY VILLE, IL		60048
Music	✓			
Other	✓	847 367 6180		

- \* 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.**
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\* SUNSET FOODS ON PREMISE

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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.

Signature of Applicant



Date

8/8/11



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MS

DATE (MM/DD/YYYY)

08/04/11

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> Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville, IL 60540-2830 Lynn P. Bergan		830-355-2077	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>PRODUCER CUSTOMER ID #:</b> SUNSE-3
<b>INSURED</b> Sunset Grove LLC c/o Lakewood Real Estate Solutions 2500 W Higgins Rd, Ste 960 Hoffman Estates, IL 60169		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> WESTFIELD INSURANCE COMPANY	NAIC # 24112
		<b>INSURER B:</b> CONTINENTAL WESTERN INSURANCE	10804
		<b>INSURER C:</b> _____	
		<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	ADDSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CMM5114263	01/21/11	01/21/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ _____ RETENTION \$ _____		CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC121200810100	01/08/11	01/08/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: EVENT SEPTEMBER 10, 2011 4186/4190 ROUTE 83, LONG GROVE, IL. ADDITIONAL INSUREDS FOR GENERAL LIABILITY: LONG GROVE BUSINESS AND COMMUNITY PARTNERS AND VILLAGE OF LONG GROVE.

<b>CERTIFICATE HOLDER</b>  VLONGGR  VILLAGE OF LONG GROVE 3110 RFD 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 
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MS

DATE (MM/DD/YYYY)

01/21/11

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> Esser Hayes Insurance Group 1811 High Grove, Suite 139 Naperville, IL 60540-2830 Lynn P. Bergan		<b>630-355-2077</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>SUNSE-3</b>		FAX (A/C, No):
<b>INSURED</b> Sunset Grove LLC c/o Lakewood Real Estate Solutions 2500 W Higgins Rd, Ste 960 Hoffman Estates, IL 60169		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A : WESTFIELD INSURANCE COMPANY</b>			<b>24112</b>
		<b>INSURER B : CONTINENTAL WESTERN INSURANCE</b>			<b>10804</b>
		<b>INSURER C :</b>			
		<b>INSURER D :</b>			
		<b>INSURER E :</b>			
		<b>INSURER F :</b>			

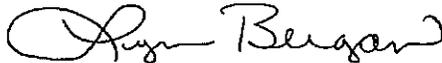
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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		
A	GENERAL LIABILITY			CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		X				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	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
A	AUTOMOBILE LIABILITY			CMM5114263	01/21/11	01/21/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS							\$	
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE	\$ 10,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> DEDUCTIBLE							\$	
	<input type="checkbox"/> RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC121200810100	01/08/11	01/08/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: 4186 IL RTE 83 & 4190 ROUTE 83, LONG GROVE, IL. ADDITIONAL INSURED FOR  
 GENERAL LIABILITY: L.J. SHERIDAN & CO.

**CERTIFICATE HOLDER****CANCELLATION**

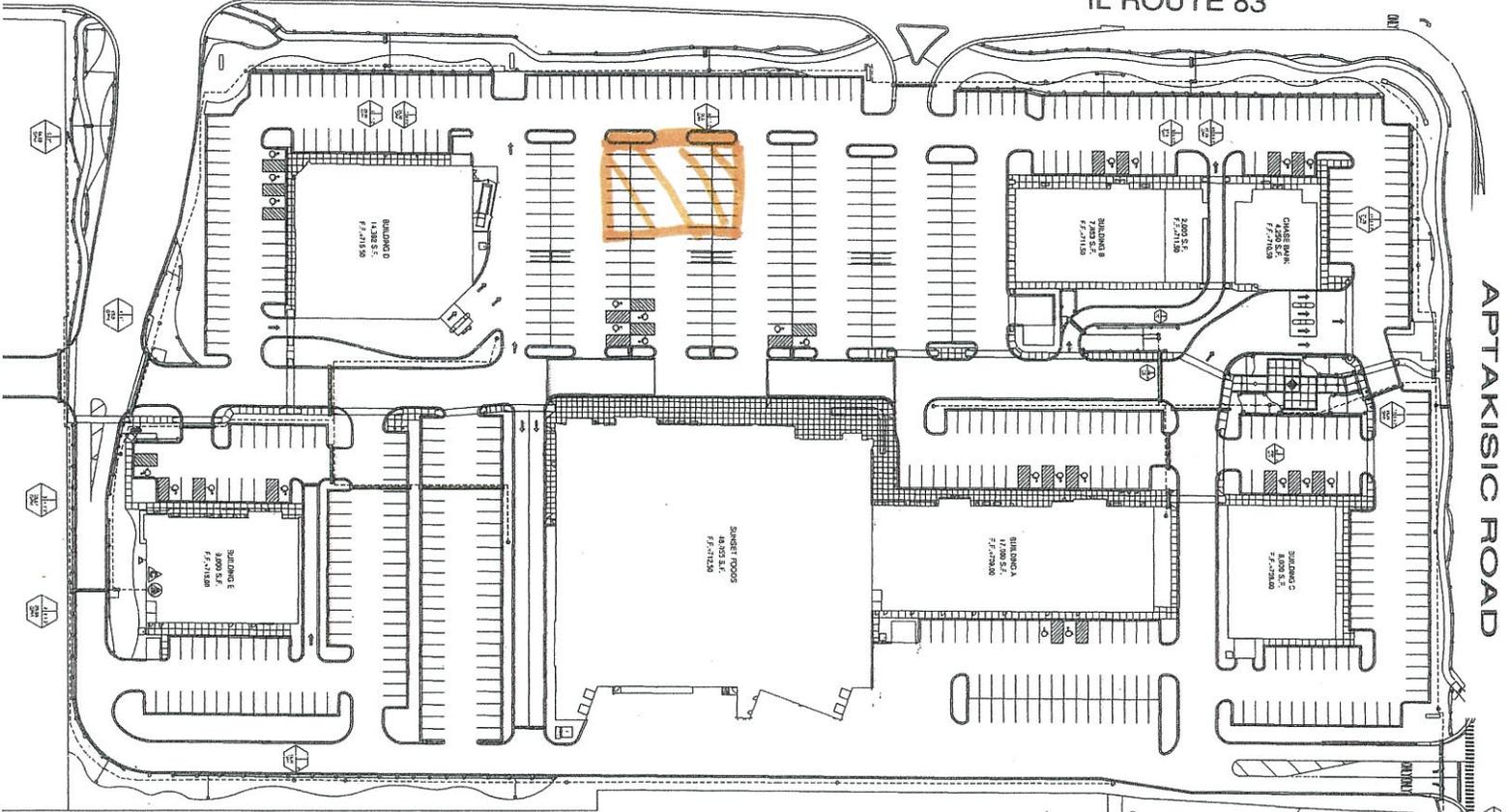
<b>LJSHERD</b>  <b>L.J. SHERIDAN &amp; CO.</b> 1900 HOLLISTER DR, STE 380B LIBERTYVILLE, IL 60048	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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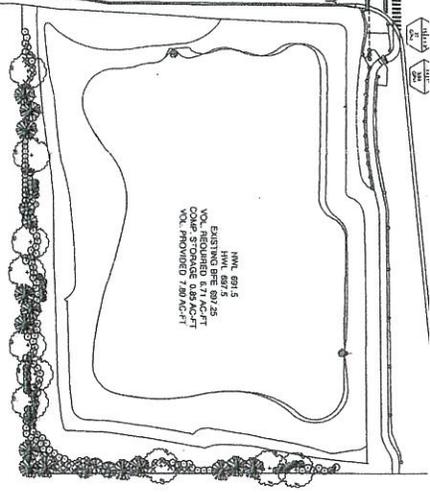
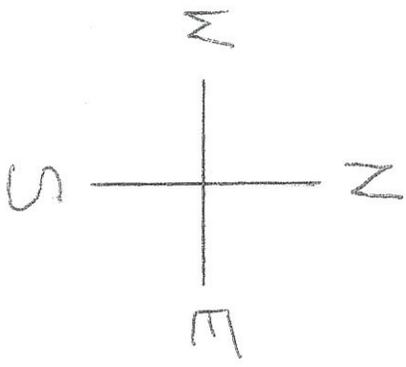
IL ROUTE 83

IL ROUTE 83

APTAKISIC ROAD



SUNSET GROVE



# Xerox WorkCentre 7435

## Job History Report

Date & Time : 08/09/2011 9:14 AM  
Page : 1 (Last Page)

Date	Time	Input Source	Output Destination	Job Information	Page Information	Pages	Sheets	Job Status
08/09/2011	9:12:58 AM	Scanner	Send Fax	File 8568				Completed
08/09/2011	9:12:57 AM	Folder	Super G3:18476343673	File 8568				Completed





AUG 08 2011  
VILLAGE OF LONG GROVE  
SPECIAL EVENT APPLICATION

- FOR OFFICE USE ONLY
- Site Plan
  - Raffle Application
  - Temp. Liquor License App.
  - Temp. Business Lic. App.
  - 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:

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: 8/8/11 Date Received by LGBCP: \_\_\_\_\_

**EVENT INFORMATION**

Event Name & Location(s): FESTIVAL OF SUNSET GROVE  
Description/Type of Event: CUSTOMER APPRECIATION

Event Date: SEPTEMBER 10, 2011 Hours: 11:00am to 3:00pm

Set Up for Event	Dismantling of Event
Date: <u>9/10/11</u>	Date: <u>9/10/11</u>
Hours: <u>8:00am to 3:30pm</u>	Hours: _____ to <u>3:30pm</u>
Estimated Number of Attendees: <u>N/A</u>	Estimated Number of Vendors: <u>1</u>

Sponsoring Organization: SUNSET GROVE TENANTS  
Street Address: CORNER OF IL RT 83 & APTIKISIC  
City: LONG GROVE State: IL Zip Code: 60047  
Phone Number: 847 367 6180 Fax Number: 847 367 6182  
Contact Person: FRANCINE RIPPBERGER Phone Number: \_\_\_\_\_  
E-mail Address: FRANCINE@LJSHERIDAN.COM

## 9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	✓	L. J. SHERIDAN & CO.		
Waste Disposal/Garbage	✓	1900 HOLLISTER DR.		
Tents	✓	LIBERTY VILLE, IL		60048
Music	✓			
Other	✓	847 367 6180		

- \* 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).\*

\* SUNSET FOODS ON PREMISE

\* 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."

Village of Long Grove  
3110 RFD  
Long Grove, IL 60047  
847-634-9440 Fax: 847-634-9408  
[www.longgrove.net](http://www.longgrove.net)



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MS

DATE (MM/DD/YYYY)  
08/04/11

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> Esset Hayes Insurance Group 1811 High Grove, Suite 130 Naperville, IL 60540-2830 Lynn F. Bergen	830-355-2077	<b>CONTACT NAME</b> PHONE (A/C No. Ext.) FAX (A/C No.) ADDRESS: PRODUCER CUSTOMER ID #: SUNSE-3														
<b>INSURED</b> Sunset Grove LLC c/o Lakewood Real Estate Solutions 2500 W Higgins Rd, Ste 960 Hoffman Estates, IL 60169	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: WESTFIELD INSURANCE COMPANY</td> <td>24112</td> </tr> <tr> <td>INSURER B: CONTINENTAL WESTERN INSURANCE</td> <td>10804</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: WESTFIELD INSURANCE COMPANY	24112	INSURER B: CONTINENTAL WESTERN INSURANCE	10804	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: WESTFIELD INSURANCE COMPANY	24112															
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INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

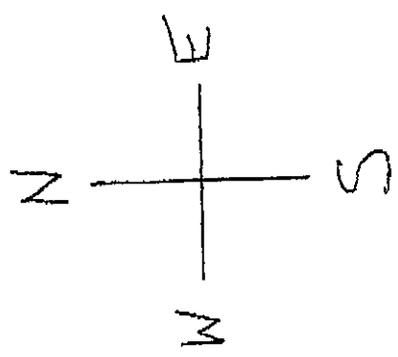
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDC SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CMM5114263	01/21/11	01/21/12	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		CMM5114263	01/21/11	01/21/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	WC121200810100	01/08/11	01/08/12	<input checked="" type="checkbox"/> INC STATUS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

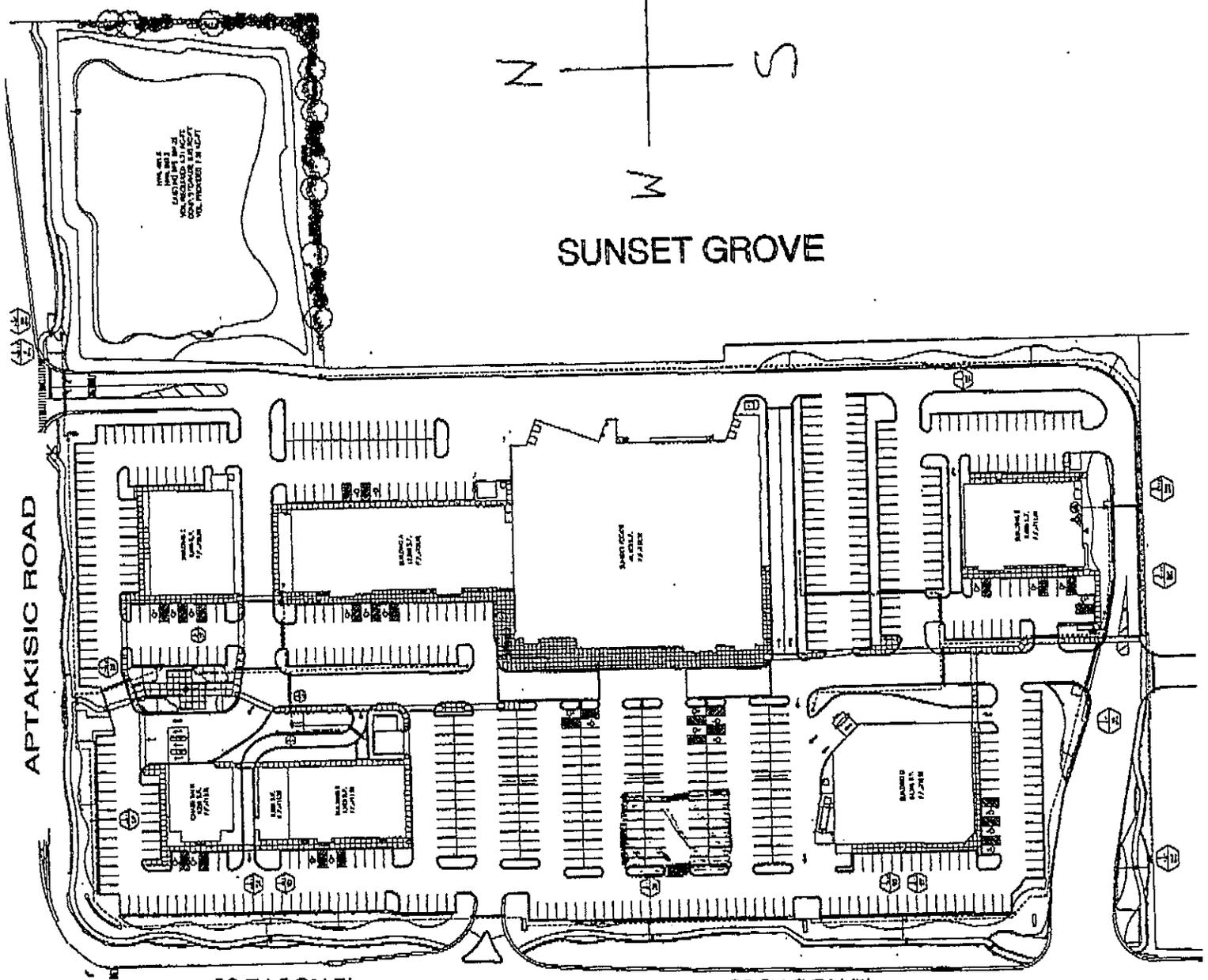
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: EVENT SEPTEMBER 10, 2011 4156/4150 ROUTE 83, LONG GROVE, IL. ADDITIONAL  
 INSUREDS FOR GENERAL LIABILITY: LONG GROVE BUSINESS AND COMMUNITY PARTNERS  
 AND VILLAGE OF LONG GROVE.

<b>CERTIFICATE HOLDER</b>  VILLAGE OF LONG GROVE 3110 RFD 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 
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# SUNSET GROVE



IL ROUTE 83

IL ROUTE 83

APTAKISIC ROAD





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 Mgmt		
Waste Disposal/Garbage		Waste Mgmt		
Tents		TBP		
Music		Various Live Acts		
Other				

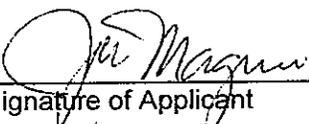
10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**

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  
  
 8/16/11  
 \_\_\_\_\_  
 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."

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)

Sponsoring Organization: Long Grove Business and 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: John Maguire Phone Number: 847 716 0902

E-mail Address: jmaguire@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). To be provided
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. To be provided
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. Northern Leg of Archer Road
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:

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 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)

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



**STATE OF ILLINOIS**  
**LIQUOR CONTROL COMMISSION**

**11-4A-0098712**

License Number

Pat Quinn - Governor

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

LONG GROVE BUSINESS & COMMUNITY PARTNERS  
 LONG GROVE BUSINESS AND COMMUNITY PARTNERS  
 307 OLD MCHENRY 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: 10/14/2011

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

E-265911

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

Event Type And Location

OCTOBER FESTIVAL  
 DOWNTOWN LONG GROVE  
 307 OLD MCHENRY ROAD  
 LONG GROVE

From Date / Time

10/14/2011 11:00 AM  
 10/15/2011 11:00 AM  
 10/16/2011 11:00 AM

To Date / Time

10/14/2011 10:00 PM  
 10/15/2011 10:00 PM  
 10/16/2011 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 AND COMMUNITY  
 307 OLD MCHENRY ROAD

LONG GROVE, IL 60047-

MAILING ADDRESS

