

**Visitors' Business**

**Special Events and Raffle License Applications:**

Verizon Wireless - Grand Opening

Long Grove Rotary - Heritage Run



# 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  
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: \_\_\_\_\_ 05/31/12 \_\_\_\_\_

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

**EVENT INFORMATION**

Event Name & Location(s): **Verizon Wireless Zone Open House**

Description/Type of Event: \_\_\_\_\_

Event Date: **07/01/12-08/01/12**

Hours: **9:00am** to **8:00pm**

Set Up for Event

Date **07/01/12**

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

Dismantling of Event

Date: **08/01/12**

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

Estimated Number of Attendees: \_\_\_\_\_

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

Sponsoring Organization: **Verizon Wireless Zone Long Grove**

Street Address: **4188 II Route 83**

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

Phone Number: \_\_\_\_\_ **847-383-5545** \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: Elina Rudik Phone Number: 847-514-2081

E-mail Address: elinarudik@yahoo.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](mailto: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	_____	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 type="checkbox"/> No
B. Temporary Signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Other (specify)	_____ <b>temporary feather flag</b> _____	

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 type="checkbox"/> Internet
<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.

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.**

**Verizon Wireless Zone of Long Grove, IL – Sales Tax ID – 4028-2120, Fed Id: 26-2483869**

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.

Elina Rudik

Signature of Applicant

05/31/12

Date



verizon wireless  
Unleash Your Ability



## Application for License to Conduct Raffles

1. Name of Organization: Long Grove Rotary Club  
 Address: 5238 Southwell Ct.  
Long Grove
  
2. Organization Representative: Robert Mintz
  
3. Telephone Number of Representative: 847-866-3445
  
4. Type of Organization  
 Religious  Charitable  Labor  Educational   
 Business  Fraternal  Veterans  Governmental
  
5. Date and location in which raffle chances will be sold and raffle drawing will occur:
 

	<u>Raffle Date</u>	<u>Raffle Location</u>	<u>Drawing Date</u>	<u>Drawing Location</u>
1.	<u>9/8/12</u>	<u>Downtown Long Grove</u>	<u>9/8/12</u>	<u>Downtown Long Grove</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
  
6. Please answer the following yes or no questions:
 

	Yes	No
a. Has the organization been in existence longer than 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Does the aggregate retail value of prizes exceed \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Does the maximum retail value of each prize exceed \$50,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Will the maximum price of a raffle ticket exceed \$500?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity? Other reasons explain: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Is the person conducting the raffle bonded by a \$10,000 bond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Are you seeking a waiver of the raffle manager bond requirement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governing the conduct of raffles.

R.S. Bird  
 Signature of Organization Officer

\_\_\_\_\_  
 Date

[Signature]  
 Signature of Secretary

\_\_\_\_\_  
 Date

Approved by the Village of Long Grove:

**ROTARY CLUB • LONG GROVE, ILLINOIS**

Post Office Box 111  
Long Grove, Illinois 60047



Sheryl Schlagman  
Village of Long Grove  
3100 RFD  
Long Grove IL 60047

May 29, 2012

Dear Sheryl,

Enclosed is the Special Event Application for the annual Heritage 5K Run and 3K Walk sponsored by the Rotary Club of Long Grove. As in past years, the event will be held on streets of Long Grove and Lake County with the staging area again being in the parking lot of the Kildeer Countryside School. Kildeer Countryside School District 96 has received our application.

You will note the Certificate of Liability Insurance indicates the current insurance expires on July 1, 2012. I have been assured the new form will be available by the end of June. In order to meet the 90 day application minimum, the current is included, the new form will be sent as soon as available. A copy of the application is also being sent to the Long Grove Business and Community Partners.

My understanding is that the Village of Long Grove will make arrangements for closure of Cuba Road and enlist the Lake County Police as needed with our club paying the cost. In addition, I also understand the Waste Management company has an arrangement with the Village of Long Grove on providing waste and sanitization services.

Please call me at 847/991-6647 for additional information I may provide and questions I may answer.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Walter Friker".

Walter Friker, Charitable Fund Treasurer  
The Rotary Club of Long Grove

The Charitable Fund of the Rotary Club of Long Grove is a registered 501 (c)(3) organization.



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Sherry Shlagman  
Village of Long Grove  
3110 RFD  
Long Grove, IL 60047

847-634-9440  
Fax: 847-634-9408  
sshlagman@longgrove.net

Submittal Date: MAY 29, 2012 Date Received by LGBCP: \_\_\_\_\_

### EVENT INFORMATION

Event Name & Location(s): LONG GROVE HERITAGE RUN 5K - DOWNTOWN LONG GROVE  
Description/Type of Event: 5K RUN and 3K WALK

Event Date: SEPTEMBER 8, 2012 Hours: 7:00AM. to 11:00AM.

Set Up for Event  
Date: SEPT. 7, 2012  
Hours: 5:00 PM. to 7:30 PM.

Dismantling of Event  
Date: SEPT. 8, 2012  
Hours: 11:00AM. to 1:00PM.

Estimated Number of Attendees: 1000

Estimated Number of Vendors: 10

Sponsoring Organization: ROTARY CLUB OF LONG GROVE  
Street Address: C/O WALTER FRIKER, 541 S. ELM ST.  
City: PALATINE State: IL Zip Code: 60067  
Phone Number: 847/991-6647 Fax Number: \_\_\_\_\_  
Contact Person: WALTER FRIKER Phone Number: 847/991-6647  
E-mail Address: walterfriker@comcast.net

Long Grove Business and Community Partners  
307 Old McHenry Road, Long Grove, IL 60047  
847-634-0888 Fax: 847-634-3673  
infocenter@longgrove.org

RECEIVED  
MAY 30 2012  
VILLAGE OF LONG GROVE

**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
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-A. Security officers	_____	Hours _____	to _____
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C. Other (specify)	_____ <i>TENTS</i> _____	

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.

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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	MIKE BECKHAM	WASTE MANAGEMENT		630/724-8441
Waste Disposal/Garbage	..	..		..
Tents				
Music	PROVIDED BY ROTARY CLUB			
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.**
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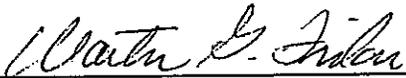
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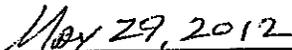
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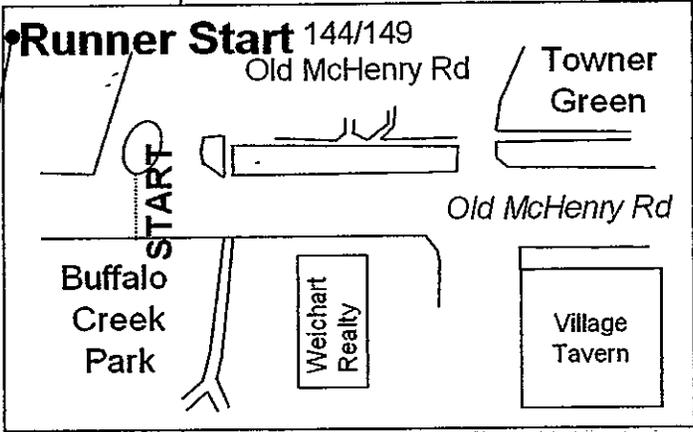
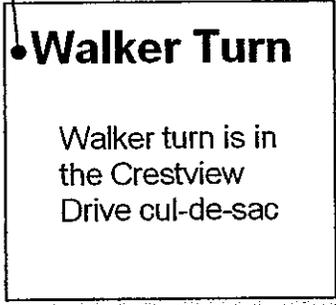
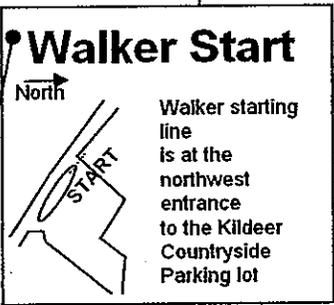
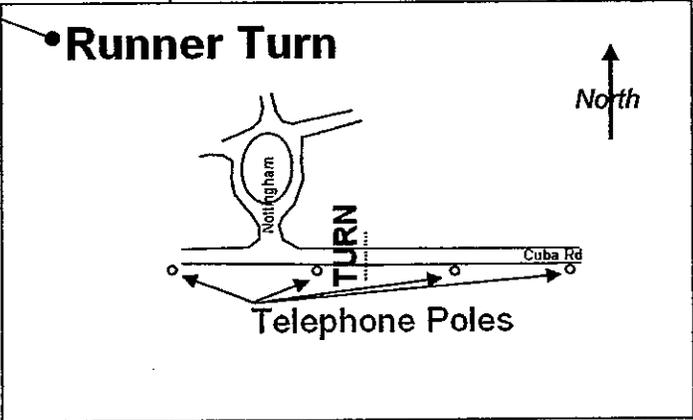
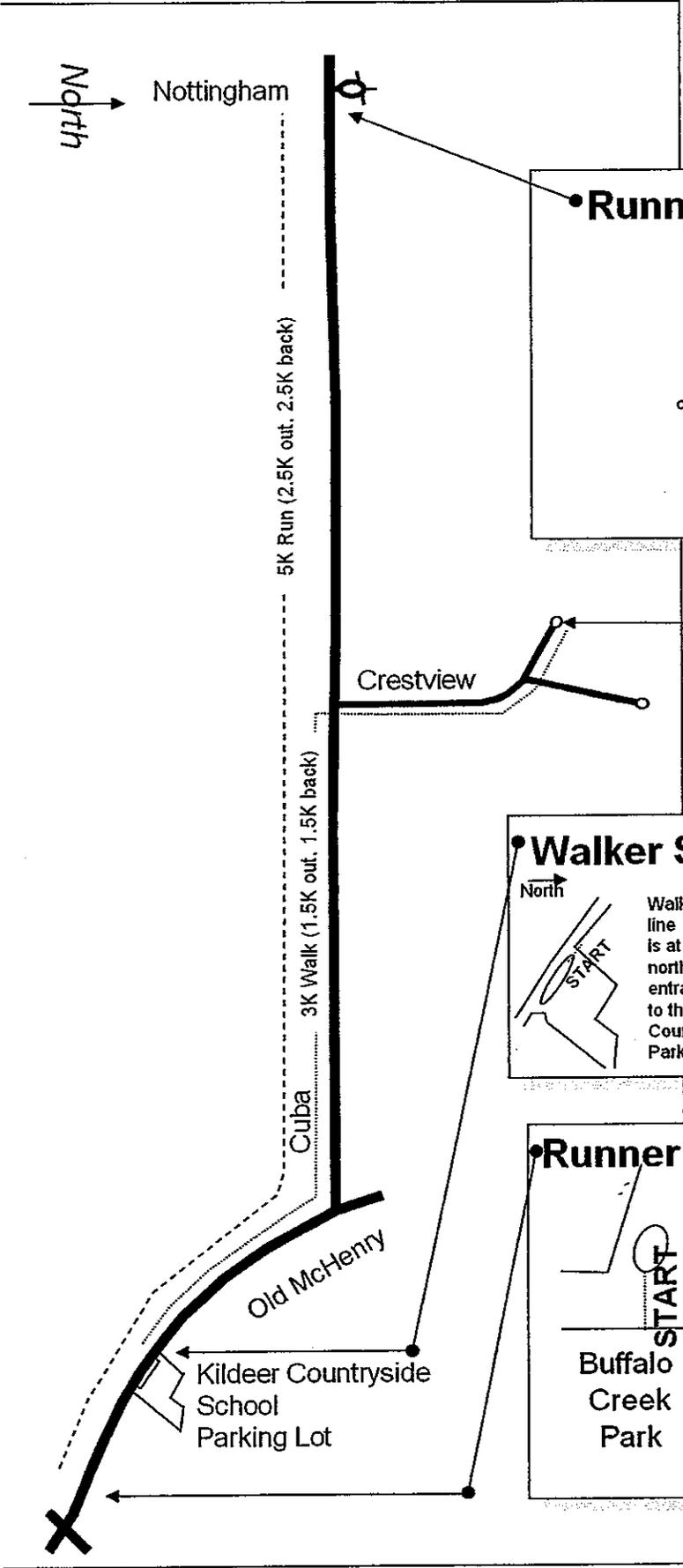
### **INDEMNITY AND DEFENSE**

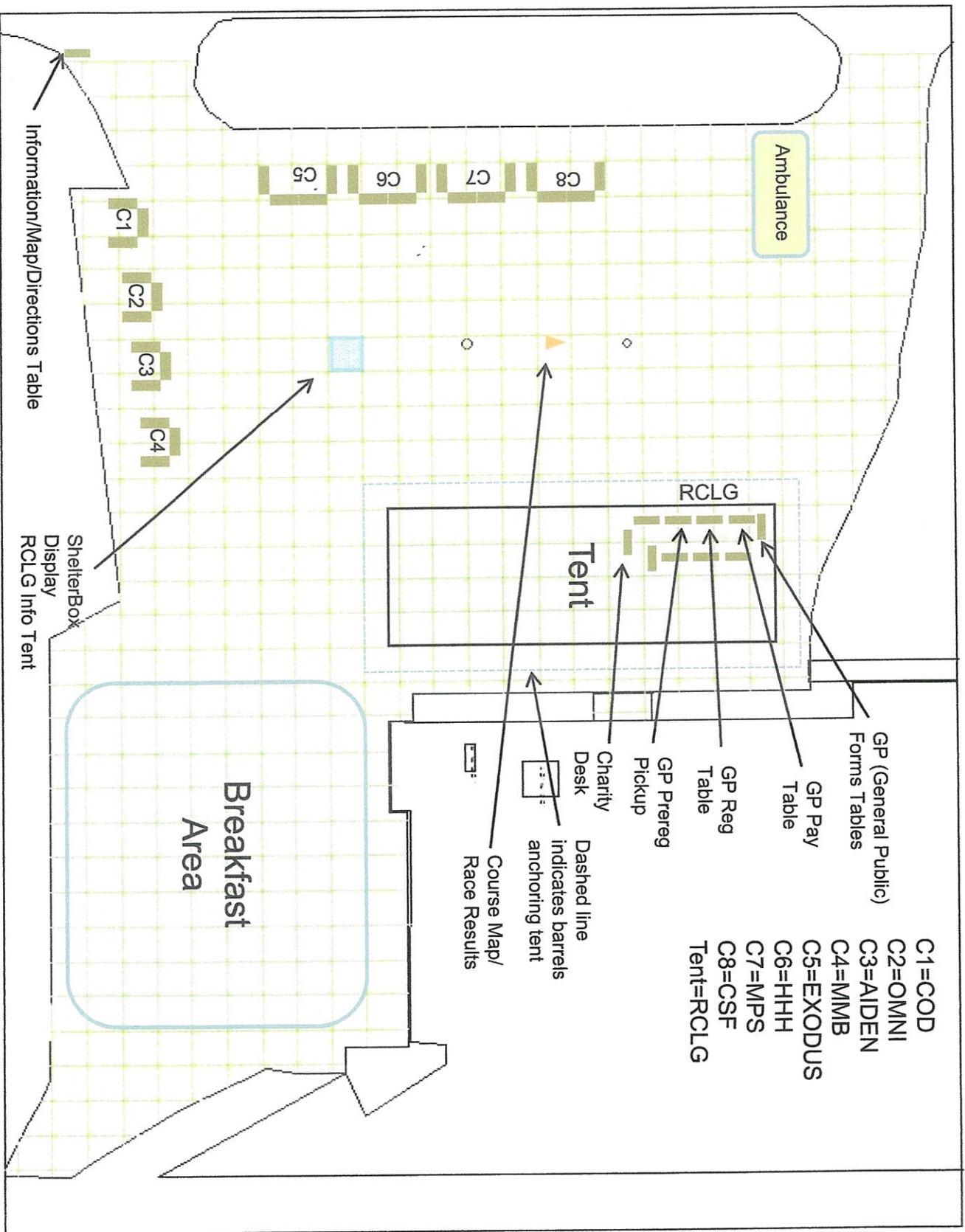
I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, the Long Grove Business & Community Partners and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected 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 Heritage 5K Run, 3K Walk Course Layout





Ambulance

C8 C7 C6 C5

C1 C2 C3 C4

Information/Map/Directions Table

ShelterBox  
Display  
RCLG Info Tent

RCLG  
Tent

Breakfast  
Area

GP (General Public)  
Forms Tables

GP Pay  
Table

GP Reg  
Table

GP Prereg  
Pickup

Charity  
Desk

Dashed line  
indicates barrels  
anchoring tent

Course Map/  
Race Results

- C1=COD
- C2=OMNI
- C3=AIDEN
- C4=MMB
- C5=EXODUS
- C6=HHH
- C7=MPS
- C8=CSF
- Tent=RCLG



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/29/12

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).

PRODUCER LOCKTON COMPANIES,LLC-K CHICAGO 525 W. Monroe, Suite 600 CHICAGO IL 60661 (312) 669-6900	CONTACT NAME: Lockton Companies, LLC	
	PHONE (A/C No. Ext): 1-800-921-3172 FAX (A/C No): 1-312-681-6769 E-MAIL ADDRESS: Rotary@lockton.com	
INSURED All Active US Rotary Clubs & Districts Attn: Risk Management Department 1560 Sherman Ave. Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance Company	22667
	INSURER B: ACE Property & Casualty Insurance Co	20699
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N	PMI G23861355 003	7/1/2011	7/1/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	PMI G23861355 003	7/1/2011	7/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	N	M00534092 003	7/1/2011	7/1/2012	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000
	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	NOT APPLICABLE			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

The Certificate Holder is included as Additional Insured where required by written contract or permit subject to the terms and conditions of the General Liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER Long Grove Business and Community Partners Village of Long Grove	CANCELLATION 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 