

Visitors' Business:
Special Event & Signage Applications



RECEIVED

FEB 2 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

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

Submittal Date: 2-22-11 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): 4th Annual Pancake Breakfast

Description/Type of Event: Pancake Breakfast Fund raiser for the CERT Team + LG Firefighter Association.

Event Date: April 16 Hours: 8:00am to 12:00pm
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event
 Event Date: April 15 Hours: 1:00pm to 5:00pm
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event
 Event Date: April 16 Hours: 12:00 to 2:00pm
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: 600 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

Sponsoring Organization: South Lake County CERT, LG Firefighter Assoc.
 Street Address: 1165 Old McHenry Rd
 City: Long Grove State: IL Zip Code: 60047
 Phone Number: 847-634-3143 Fax Number: 847-634-2027
 Contact Person: Marc Small Phone Number: 847-401-2261
 E-mail Address: Msmall@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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

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

A. Banners	<input 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 type="checkbox"/> Internet
<input checked="" type="checkbox"/> Newsletters	<input type="checkbox"/> Commercial T.V.	<input checked="" 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

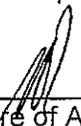
8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc. *Band*

9. Services provided at event: *Food*

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.***

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

2-22-11

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. 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



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 ~~30~~ ³⁰ 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

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

Submittal Date: 3/1/11 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): L.G. ELECTRONICS COLLECTION

Description/Type of Event: FREE DROP-OFF OF ELECTRONICS FOR RECYCLING (SEE NOTE, PG. 4)

Event Date: 4/9/11 Hours: 8:30 to 11:30
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event

Event Date: 4/8/11 Hours: 6:00 p.m. to 6:30 p.m.
 Event Date: 4/9/11 Hours: 7:30 a.m. to 8:30 a.m.
 Event Date: _____ Hours: _____ to _____

Dismantling of Event

Event Date: 4/9/11 Hours: 11:30 to 12:15
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: 200 CARS Estimated Number of Vendors: -0-

Sponsoring Organization: VILLAGE OF LONG GROVE

Street Address: 3110 RFD

City: LONG GROVE State: IL Zip Code: 60047

Phone Number: 847/634-9440 Fax Number: 847/634-9408

Contact Person: KAREN SCHMITT Phone Number: 847/438-0399

E-mail Address: KTSCHMITT@AOL.COM

Additional Information

Include with this application the following:

1. A site plan of all areas of the B-1 District covered by the event. On the plan, mark the sanitary facilities and auxiliary parking lots (if applicable).
2. Written permission from property owners — VILLAGE SPONSORED
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>— 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 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. — ALL ON VILLAGE PROPERTY

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. *NONE*
9. Services provided at event: *NONE*

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. *NONE*
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. *NONE*
12. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.* *NONE*
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.* *NONE*

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.

Karen Schmitt

Signature of Applicant

3/1/11

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. 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

SECOND ANNUAL ELECTRONICS RECYCLING EVENT

Saturday, April 9, 2011

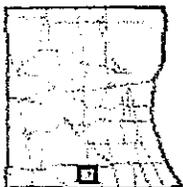
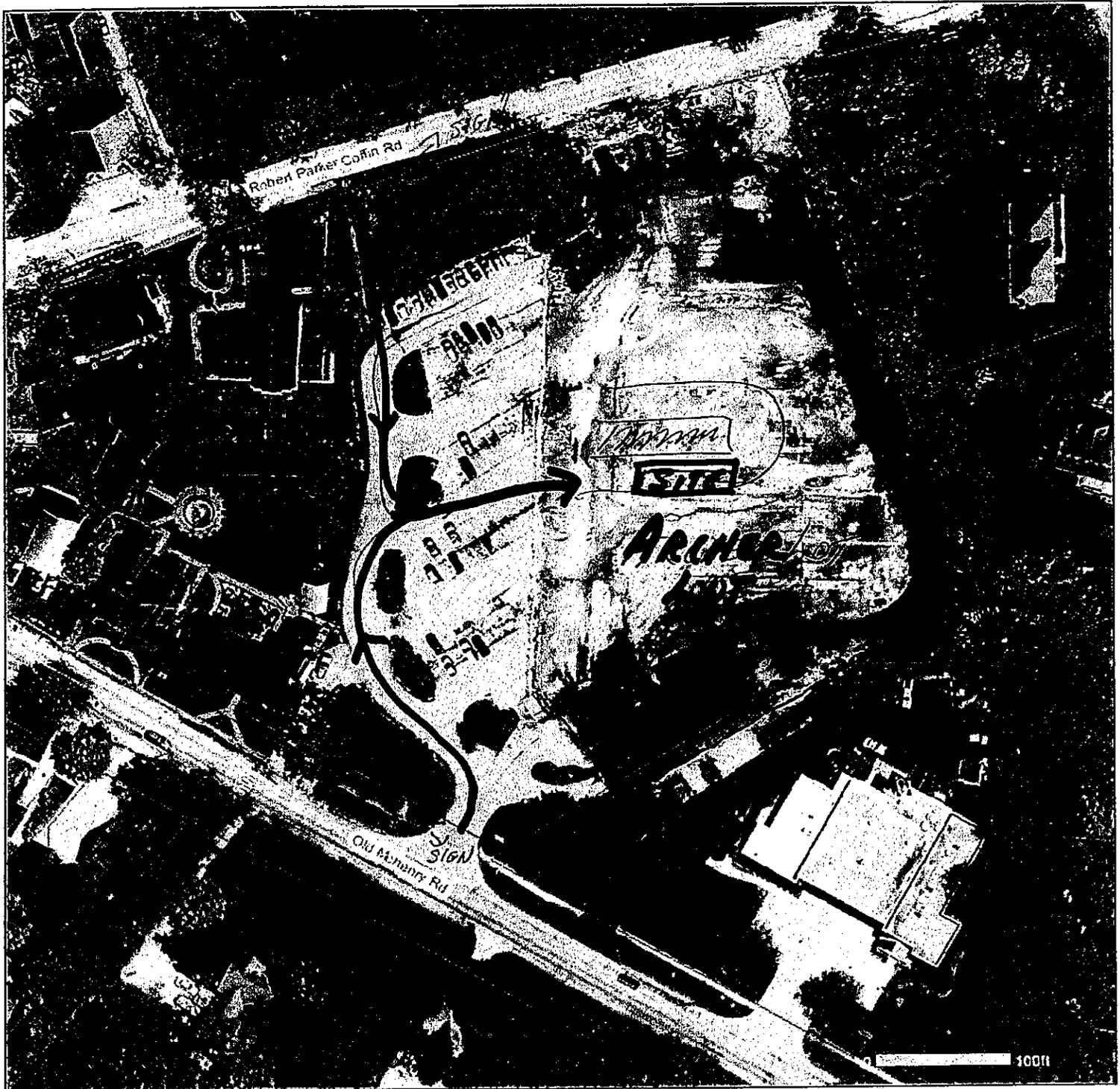
Archer Parking Lot, Long Grove

In cooperation with the Solid Waste Agency of Lake County, Long Grove will host this three-hour event to collect unwanted electronics. The event is open to all residents of Lake County.

A semi-trailer will be stationed in the Archer Parking Lot, probably on Friday evening, April 8. Participants will be directed to the site on Saturday morning, where they will remain in their cars while volunteers offload their recyclables. Participants will be encouraged to park nearby and partake of special offers (coffee, donuts, discounts) at a number of downtown shops. The semi will be removed over the weekend.

At our first event (held at Geimer's Nursery) we accommodated 200 local residents and collected more than 20,000 pounds of recyclable electronics.

Lake County Tax Parcel Map



Lake County
Geographic Information System

Lake County Department of
Information Technology
18 N County St
Waukegan IL 60085

Map Printed on 3/1/2011



Major Roads

Railroads

Major Water

 Parcels

 2009 Aerial Photography

Disclaimer:

This map is for general information purposes only. A Registered Land Surveyor should be consulted to determine the precise location of property boundaries on the ground. This map does not constitute a regulatory determination and is not a base for engineering design. This map is intended to be viewed and printed in color.



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

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

Submittal Date: March 15, 2011

Date Received by LGBCP:

EVENT INFORMATION

Event Name & Location(s): Strawberry Festival, Long Grove Illinois – Historic Village

Description/Type of Event: Community celebration for 3-day's that features live entertainment, food vendors, artisans, merchants, sponsors, and family activities.

Event Date: June 24, 2011
 Event Date: June 25, 2011
 Event Date: June 26, 2011

Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.

Set Up for Event

Event Date: June 23, 2011
 Event Date: June 24, 2011
 Event Date:

Hours: 6:00 p.m. to 10:00 p.m.
 Hours: 4:00 a.m. to 10:00 a.m.
 Hours: to

Dismantling of Event

Event Date: June 26, 2011
 Event Date: _____
 Event Date: _____

Hours: 6:00 p.m. to 11:59 p.m.
 Hours: _____ to _____
 Hours: _____ to _____

Estimated Number of Participants: 60

Estimated Number of Vendors: 60

Sponsoring Organization: Long Grove Business & Community Partners

Street Address: 307 Old McHenry Road

City: Long Grove

State: Illinois Zip Code: 60047

Phone Number: (847) 634-0888

Fax Number: (847) 634-3673

Contact Person: John Maquire

Phone Number: (847) 716-0902

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

A. Security officers	1	5/1/09	Hours 3:00 p.m.	to 6:00 p.m.
		5/2/09	Hours 10:00 a.m.	to 6:00 p.m.
		5/3/09	Hours 10:00 a.m.	to 6:00 p.m.
B. Traffic officers	0		Hours _____	to _____
C. Parking Assistants	0		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) Type III Barricades will be used during the event for the road closure.		

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 checked="" type="checkbox"/> Radio
<input checked="" type="checkbox"/> Direct Mailings	<input type="checkbox"/> Trade Magazines	<input checked="" type="checkbox"/> Other (Posters, Flyers, Handouts)

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 Management		
Waste Disposal/Garbage		Waste Management		
Tents		ibd		
Music	John Barry Booking Agent	StarEvents	1609 W. Belmont Ave. Chicago, IL 60657	773.665.4682
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.** *

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

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. Applications can be found under the heading “Administration.”



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

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

Submittal Date: March 15, 2011

Date Received by LGBCP:

EVENT INFORMATION

Event Name & Location(s): Chocolate Festival, Long Grove Illinois – Historic Village

Description/Type of Event: Community celebration for 3-day's that features live entertainment, food vendors, artisans, merchants, sponsors, and family activities.

Event Date: April 29, 2011
 Event Date: April 30, 2011
 Event Date: May 1, 2011

Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.

Set Up for Event

Event Date: April 28, 2011
 Event Date: April 29, 2011
 Event Date: _____

Hours: 6:00 p.m. to 10:00 p.m.
 Hours: 4:00 a.m. to 10:00 a.m.
 Hours: _____ to _____

Dismantling of Event

Event Date: May 1, 2011
 Event Date: _____
 Event Date: _____

Hours: 6:00 p.m. to 11:59 p.m.
 Hours: _____ to _____
 Hours: _____ to _____

Estimated Number of Participants: 60

Estimated Number of Vendors: 60

Sponsoring Organization: Long Grove Business & Community Partners

Street Address: 307 Old McHenry Road

City: Long Grove

State: Illinois Zip Code: 60047

Phone Number: (847) 634-0888

Fax Number: (847) 634-3673

Contact Person: John Maquire

Phone Number: (847) 716-0902

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

A. Security officers	1	5/1/09	Hours 3:00 p.m.	to 6:00 p.m.
		5/2/09	Hours 10:00 a.m.	to 6:00 p.m.
		5/3/09	Hours 10:00 a.m.	to 6:00 p.m.
B. Traffic officers	0		Hours _____	to _____
C. Parking Assistants	0		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)	Type III Barricades will be used during the event for the road closure.	

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 checked="" type="checkbox"/> Radio
<input checked="" type="checkbox"/> Direct Mailings	<input type="checkbox"/> Trade Magazines	<input checked="" type="checkbox"/> Other (Posters, Flyers, Handouts)

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
jmaquire@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		Waste Management		
Waste Disposal/Garbage		Waste Management		
Tents		tbd		
Music	John Barry Booking Agent	StarEvents	1609 W. Belmont Ave. Chicago, IL 60657	773.665.4682
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.** *

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

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. 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



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
 jmm1359@aol.com

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

Submittal Date: 2/18/11 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): FARMERS MARKET

Description/Type of Event: Assorted produce + other vendors on Towne Green June 12th -> Oct 16th

Event Date: JUNE 12 -> Oct 16th Hours: 8:00AM to 2:00 pm
 Event Date: EVERY SUNDAY Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event

Event Date: EVERY SUNDAY Hours: 7:00 to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event

Event Date: EVERY SUNDAY Hours: 2-3 pm to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: _____
 Estimated Number of Vendors: 15-20

Estimated Number of Vehicles: _____
 Estimated Number of Volunteers: _____

John Maguire, Executive Director
 Long Grove Business and Community Partners
 146 Old McHenry Road, Long Grove, IL 60047
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673
 jmm1359@aol.com

Sponsoring Organization: The Village Tavern
 Street Address: _____
 City: LONG GROVE State: IL Zip Code: _____
 Phone Number: 847-634-3117 Fax Number: _____
 Contact Person: MARY ANN WIRCH 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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

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

- | | | |
|--------------------|------------------------------|-----------------------------|
| A. Banners | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Temporary Signs | <input 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 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) |

John Maguire, Executive Director
 Long Grove Business and Community Partners
 146 Old McHenry Road, Long Grove, IL 60047
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673
 jmm1359@aol.com

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	EACH VENDOR PROVIDES THEIR OWN			
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. *Due to the nature of this market I will have all vendor info + applications by mid May*

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.*

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

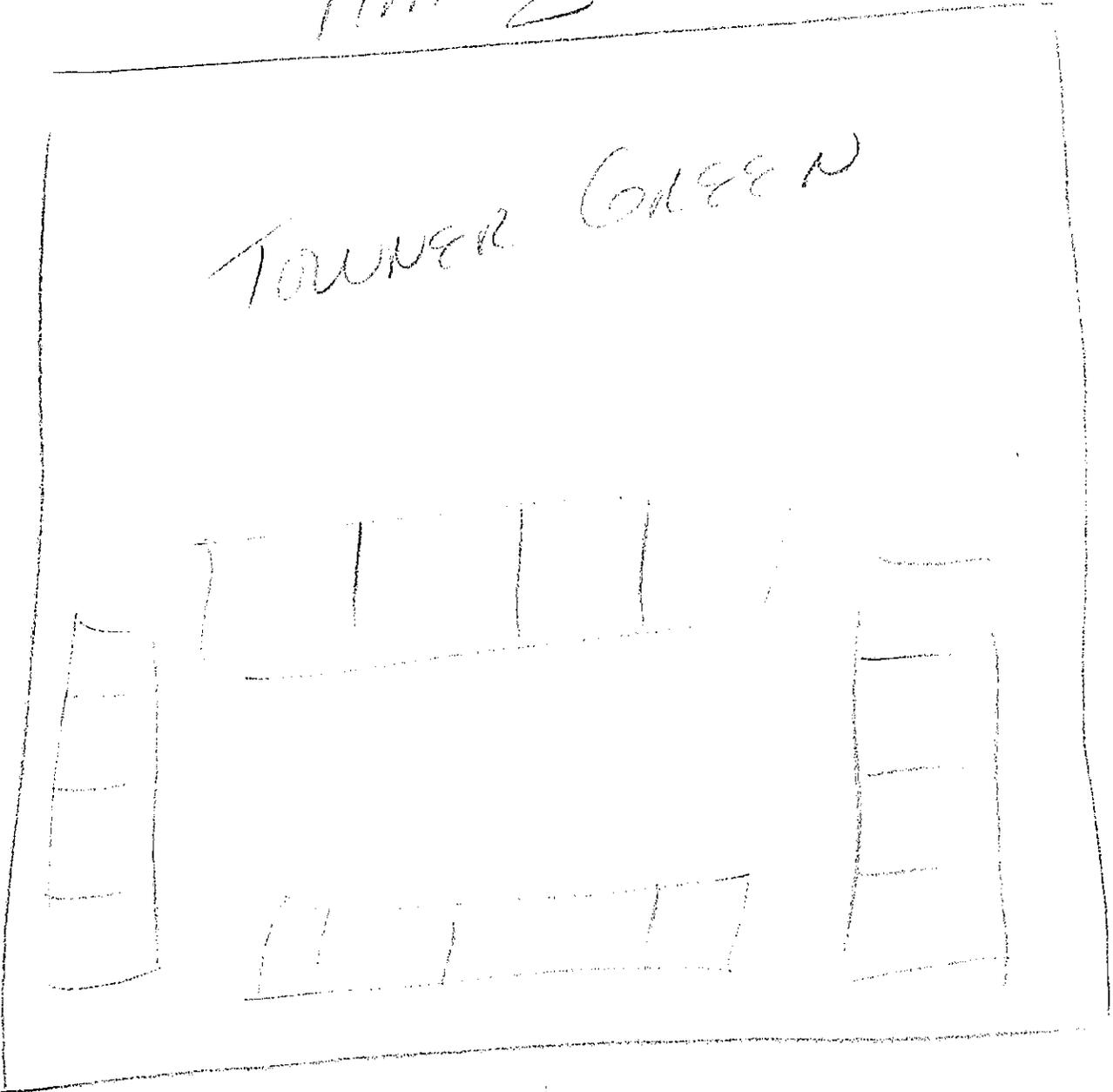
2/18/11
Date

* 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. Applications can be found under the heading "Administration."

John Maguire, Executive Director
Long Grove Business and Community Partners
146 Old McHenry Road, Long Grove, IL 60047
Direct Line: 847-634-0888 Direct Fax: 847-634-3673
jmm1359@aol.com

Timmy's

TOWER GREEN



Side walk

McHenry Road



SPECIAL EVENT APPLICATION

FOR OFFICE USE ONLY

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

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

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

Submittal Date: March 15, 2011

Date Received by LGBCP:

EVENT INFORMATION

Event Name & Location(s): Apple Festival, Long Grove Illinois – Historic Village

Description/Type of Event: Community celebration for 3-day's that features live entertainment, food vendors, artisans, merchants, sponsors, and family activities.

Event Date: Sept. 30, 2011
 Event Date: Oct. 1, 2011
 Event Date: Oct. 2, 2011

Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.
 Hours: 10:00 a.m. to 6:00 p.m.

Set Up for Event

Event Date: Sept. 29, 2011
 Event Date: Oct. 1, 2011
 Event Date:

Hours: 6:00 p.m. to 10:00 p.m.
 Hours: 4:00 a.m. to 10:00 a.m.
 Hours: to

Dismantling of Event

Event Date: Oct. 2, 2011
 Event Date: _____
 Event Date: _____

Hours: 6:00 p.m. to 11:59 p.m.
 Hours: _____ to _____
 Hours: _____ to _____

Estimated Number of Participants: 60

Estimated Number of Vendors: 60

Sponsoring Organization: Long Grove Business & Community Partners

Street Address: 307 Old McHenry Road

City: Long Grove

State: Illinois Zip Code: 60047

Phone Number: (847) 634-0888

Fax Number: (847) 634-3673

Contact Person: John Maquire

Phone Number: (847) 716-0902

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

A. Security officers	1	5/1/09	Hours 3:00 p.m.	to 6:00 p.m.
		5/2/09	Hours 10:00 a.m.	to 6:00 p.m.
		5/3/09	Hours 10:00 a.m.	to 6:00 p.m.
B. Traffic officers	0		Hours _____	to _____
C. Parking Assistants	0		Hours _____	to _____

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

- A. Banners Yes No
- B. Temporary Signs Yes No
- C. Other (specify) Type III Barricades will be used during the event for the road closure.

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
- Newsletters
- Direct Mailings
- Cable T.V.
- Commercial T.V.
- Trade Magazines
- Internet
- Radio
- Other (Posters, Flyers, Handouts)

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
 jmaquire@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		Waste Management		
Waste Disposal/Garbage		Waste Management		
Tents		tbd		
Music	John Barry Booking Agent	StarEvents	1609 W. Belmont Ave. Chicago, IL 60657	773.665.4682
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.** *

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

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. 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



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
 jmm1359@aol.com

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

Submittal Date: 2/18/11 Date Received by LGBCP: _____

EVENT INFORMATION Outdoor Dining for Special Events

Event Name & Location(s): Strawberry & International Days & Apple Fest

Description/Type of Event: At The Village Tavern
Beer Tent with Seating

Event Date: 6/24 - 6/26 Hours: 11:00 AM to 7:00 PM
 Event Date: 9/3 - 9/5 Hours: 11:00 AM to 7:00 PM
 Event Date: _____ Hours: _____ to _____

Set Up for Event
 Event Date: 6/23 Hours: AM to _____
 Event Date: 9/2 Hours: AM to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event
 Event Date: 6/27 Hours: AM to _____
 Event Date: 9/16 Hours: AM to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: _____ Estimated Number of Vehicles: _____
 Estimated Number of Vendors: 0 Estimated Number of Volunteers: _____

John Maguire, Executive Director
 Long Grove Business and Community Partners
 146 Old McHenry Road, Long Grove, IL 60047
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673
 jmm1359@aol.com

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 JON Phone Number: _____
 E-mail Address: LONGGROVEVT@GMAIL.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 required and the times for each
 (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

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

- | | | |
|--------------------|---|-----------------------------|
| A. Banners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Temporary Signs | <input 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 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	DAVE	JACKS TENTS	WAUKEGAN	847-775-1630
Music				
Other				

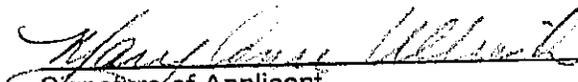
10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**

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.***

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

2/18/11
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. Applications can be found under the heading "Administration."

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/24/2011

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 T.A. Cummings Jr. Company 4153 Main St. Skokie, IL 60076	CONTACT NAME: PHONE (A/C, No, Ext): (847)679-7350 FAX (A/C, No): (847)679-7361 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
INSURED VILLAGE TAVERN OF LONG GROVE, INC 135 OLD MCHENRY RD LONG GROVE, IL 60047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Sentinel Insurance Company</td> <td>11000</td> </tr> <tr> <td>INSURER B:</td> <td>Accident Fund Insurance</td> <td>10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Sentinel Insurance Company	11000	INSURER B:	Accident Fund Insurance	10166	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Sentinel Insurance Company	11000																				
INSURER B:	Accident Fund Insurance	10166																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER: 10-11** **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 INSUR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
					04/14/2011	04/14/2012	
A	AUTOMOBILE LIABILITY <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			83SBAVX9580	04/14/2010	04/14/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
					04/14/2011	04/14/2012	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
					04/14/2011	04/14/2012	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCV6040100	01/24/2011	01/24/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			83SBAVX9580	04/14/2010	04/14/2011	Limit: \$1,000,000
					04/14/2011	04/14/2012	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E: Strawberry Fest: June 24th, 25th & 26th, 2011; Veterans Concert & Pig Roast: July 23rd & 24th, 2011
 International Days: Sept. 3rd, 4th & 5th, 2011; Apple Fest: Sept. 30th, Oct. 1st & 2nd, 2011
 October Fest Weekends: Sept. 24th & 25th, Oct. 8th & 9th, Oct. 15th & 16th, 2011
 The Village of Long Grove & the Long Grove Business and Community Partners are listed as Additional Insureds with respects to the General Liability subject to policy terms and conditions.

CANCELLATION

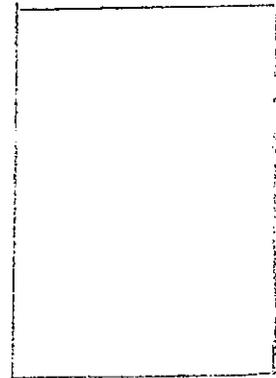
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE *Scott Cummings*
 Scott Cummings/AM

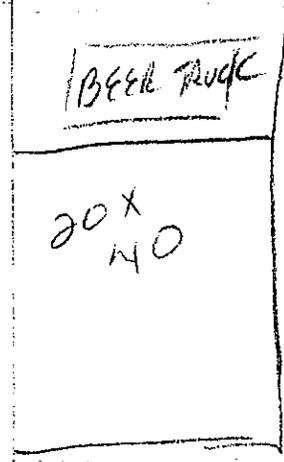
The Village of Long Grove
 3110 RFD
 Long Grove, IL 60047

SITE PLAN & BANNER REQUEST

BANNER to hang on Front Porch
2 wks prior to the event



TAVERN





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

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

Submittal Date: March 9, 2011 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Arts + Music Council Summer Concert Series

Description/Type of Event: Sunday Concerts
Fountain Square

Event Date: 7/3/11 - 7/10/11 - 7/17/11
 Event Date: 7/24/11 - 7/31/11
 Event Date: 8/7/11 - 8/21/11 - 8/28/11

Hours: 4 pm to 6 pm
 Hours: 4 pm to 6 pm
 Hours: 4 pm to 6 pm

Set Up for Event

Event Date: "
 Event Date: "
 Event Date: "

Hours: 2 pm to 4 pm
 Hours: 2 pm to 4 pm
 Hours: 2 pm to 4 pm

Dismantling of Event

Event Date: "
 Event Date: "
 Event Date: "

Hours: 6 pm to 7 pm
 Hours: 6 pm to 7 pm
 Hours: 6 pm to 7 pm

Estimated Number of Participants: _____

Estimated Number of Vendors: _____

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

Sponsoring Organization: Long Grove Arts + Music Council

Street Address: 3612 RFD

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-722-8989 Fax Number: _____

Contact Person: Tobin Fraley Phone Number: _____

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

A. Security officers	_____	Hours	_____	to	_____
B. Traffic officers	_____	Hours	_____	to	_____
C. Parking Assistants	_____	Hours	_____	to	_____

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

- | | | |
|--------------------|---|-----------------------------|
| A. Banners | <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 checked="" type="checkbox"/> Radio |
| <input checked="" 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

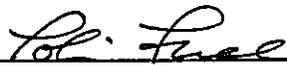
8. Please provide specifics as to the use of any mechanical or electronic rides, demonstrations, displays, music, etc.

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	T. Freby			
Waste Disposal/Garbage		WM		
Tents	T. Freley			
Music	T. Freley			
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.***

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

March 9, 2011

 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. Applications can be found under the heading “Administration.”



March 14, 2011

Mr. Tobin Fraley
Long Grove Arts & Music Council
215 Robert Parker Coffin Road
Long Grove, Illinois 60047

RE: LGAMC 2011 Summer Series

Dear Tobin:

GCP Long Grove, LLC is pleased to welcome the Long Grove Arts & Music Council's 2011 Summer Series to its property known as Fountain Square in Long Grove, Illinois. I will forward a licensing agreement for your review under separate cover.

In addition, GCP Long Grove, LLC and GCP Mill Pond, LLC will jointly sponsor one of the concerts this year. We look forward to working with you toward a very successful concert season.

Sincerely,

A handwritten signature in black ink, appearing to read 'S.F. Douglass', with a long horizontal line extending to the right.

Stephen F. Douglass
Managing Director



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
 jmm1359@aol.com

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

Submittal Date: 2/18/11 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): VETERAN'S CONCERT & Pig Roast at THE VILLAGE TAVERN

Description/Type of Event: MUSIC, FOOD & BEER TENT IN TAVERN PARKING LOT. ALSO RAFFIE TO BENEFIT VETS & OPERATION AIRLIFT

Event Date: 7/24/11 Hours: 9:00 AM to 9:00 PM
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event

Event Date: 7/23/11 Hours: MORNING to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event

Event Date: 7/25/11 Hours: MORNING to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: _____
 Estimated Number of Vendors: 1

Estimated Number of Vehicles: _____
 Estimated Number of Volunteers: _____

(DORFIERS) - DONATING TIME
 MEATS

John Maguire, Executive Director
 Long Grove Business and Community Partners
 146 Old McHenry Road, Long Grove, IL 60047
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673
 jmm1359@aol.com

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 (2)		WASTE MANAGEMENT		
Waste Disposal/Garbage				
Tents	DAVE	JACKS TENTS		847-775-1850
Music	MUSIC ALL DAY	ALL DONATED TIME		
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. *DoEFlens won't be selling*
 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.* - *ALREADY APPLIED & APPROVED IN FEB.*
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.***

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.

Wendy Ann Altman
 Signature of Applicant

2/18/11
 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. Applications can be found under the heading "Administration."

Sponsoring Organization: THE VILLAGE TAVERN

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person: MARY ANN WURICH Phone Number: 634-3117

E-mail Address: _____

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	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	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 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) |

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 02/24/2011

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 T.A. Cummings Jr. Company 4153 Main St. Skokie, IL 60076	CONTACT NAME: PHONE (A/C, No, Ext): (847)679-7350 FAX (A/C, No): (847)679-7361 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
INSURED VILLAGE TAVERN OF LONG GROVE, INC 135 OLD MCHENRY RD LONG GROVE, IL 60047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Sentinel Insurance Company</td> <td style="text-align: center;">11000</td> </tr> <tr> <td>INSURER B:</td> <td>Accident Fund Insurance</td> <td style="text-align: center;">10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Sentinel Insurance Company	11000	INSURER B:	Accident Fund Insurance	10166	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Sentinel Insurance Company	11000																				
INSURER B:	Accident Fund Insurance	10166																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 10-11

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 1,000,000
				04/14/2011	04/14/2012	DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <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		83SBAVX9580	04/14/2010	04/14/2011	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
				04/14/2011	04/14/2012	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 2,000,000
				04/14/2011	04/14/2012	AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WCV6040100	01/24/2011	01/24/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
						Limit: \$1,000,000
A	Liquor Liability		83SBAVX9580	04/14/2010	04/14/2011	
				04/14/2011	04/14/2012	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E: Strawberry Fest: June 24th, 25th & 26th, 2011; Veterans Concert & Pig Roast: July 23rd & 24th, 2011
 International Days: Sept. 3rd, 4th & 5th, 2011; Apple Fest: Sept. 30th, Oct. 1st & 2nd, 2011
 Oktober Fest Weekends: Sept. 24th & 25th, Oct. 8th & 9th, Oct. 15th & 16th, 2011
 The Village of Long Grove & the Long Grove Business and Community Partners are listed as Additional Insureds with respects to the General Liability subject to policy terms and conditions.

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 *Scott Cummings*
 Scott Cummings/AM

The Village of Long Grove
 3110 RFD
 Long Grove, IL 60047

STAGE & TENT

FOOD & BEER

SEATING
→



ENTRANCE

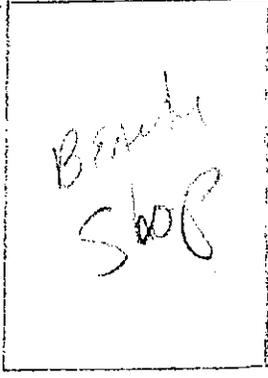
DOWN TO
CORRIN ROAD

CHILDRENS
AREA



Port-o-Pott

MOTORCYCLE
PARKING



MOTORCYCLE
PARKING

MINI-BUS

TAVERN



BANNER & SIGN REQUEST

① BANNER - 18 ft

VETERANS Concert &
Picnic

SUN July 24th

to hang on
FRONT Porch

two weeks prior to EVENT

② SIGNAGE -

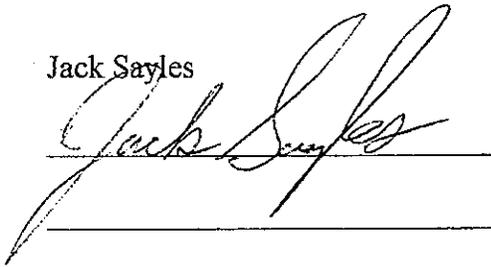
Profession way finding sign to
put at each large intersection
ONLY ON Sunday the 24th



Hotel Shop 2011

Mary Ann Ullrich & The Village Tavern have permission to use The Hotel Shop parking lot for The Farmers Market season, June 12th through October 16th should they need it due to bad weather and can't set up on Towner Green. This would also include the use on Sat. & Sun. for the three fest week-ends should they choose to participate.

Jack Sayles

A handwritten signature in cursive script, reading "Jack Sayles", is written over a horizontal line. A second horizontal line is positioned below the first one.



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

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

Submittal Date: MARCH 11, 2011 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): Long Grove Heritage Run 5K Downtown Long Grove

Description/Type of Event: 5K Run 3K WALK

Event Date: September 10, 2011 Hours: 7:00 AM to 11:00 AM
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event
 Event Date: September 9, 2011 Hours: 5:00 PM to 7:30 PM
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event
 Event Date: September 10, 2011 Hours: 11:00 AM to 1:00 PM
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: 1000 Estimated Number of Vendors: 10

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

Sponsoring Organization: Long Grove Rotary Club
 Street Address: 1711 RFD, Long Grove
 City: Long Grove State: IL Zip Code: 60047
 Phone Number: 847-866-3445 Fax Number: 847-866-6297
 Contact Person: Robert Mintz Phone Number: 847-866-3445
 E-mail Address: Robert.MINTZ@Rotary.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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

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

- | | | |
|--------------------|---|-----------------------------|
| A. Banners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Temporary Signs | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Other (specify) | <u>Tents</u> | |

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 type="checkbox"/> Internet |
| <input checked="" 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) |

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:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	Mike Beckham	Waste Management		630-724-8441
Waste Disposal/Garbage	"	"		"
Tents				
Music	Pottery will provide			
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.*

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.

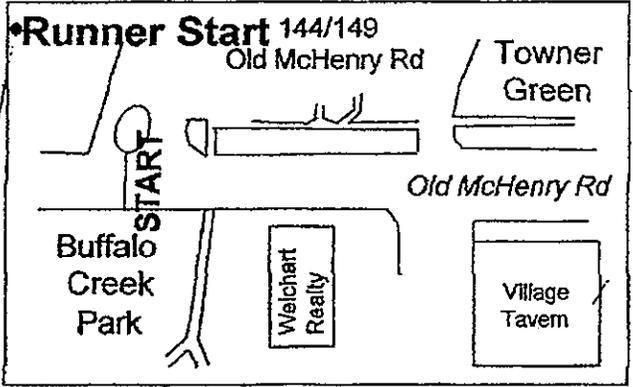
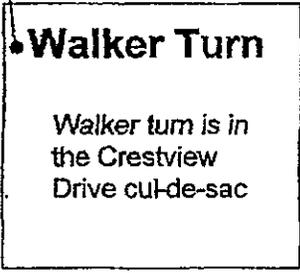
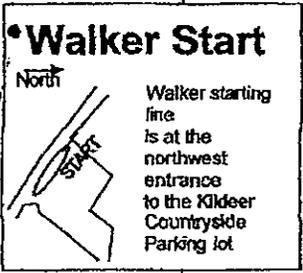
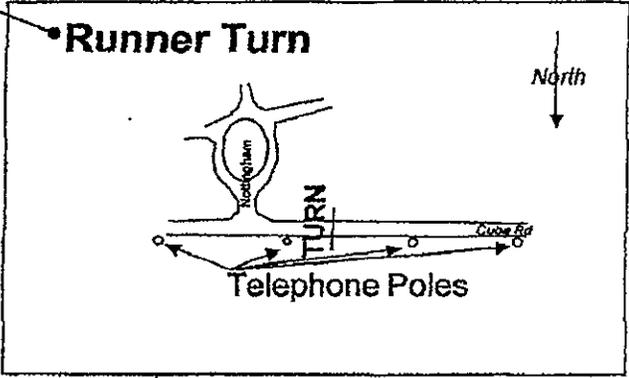
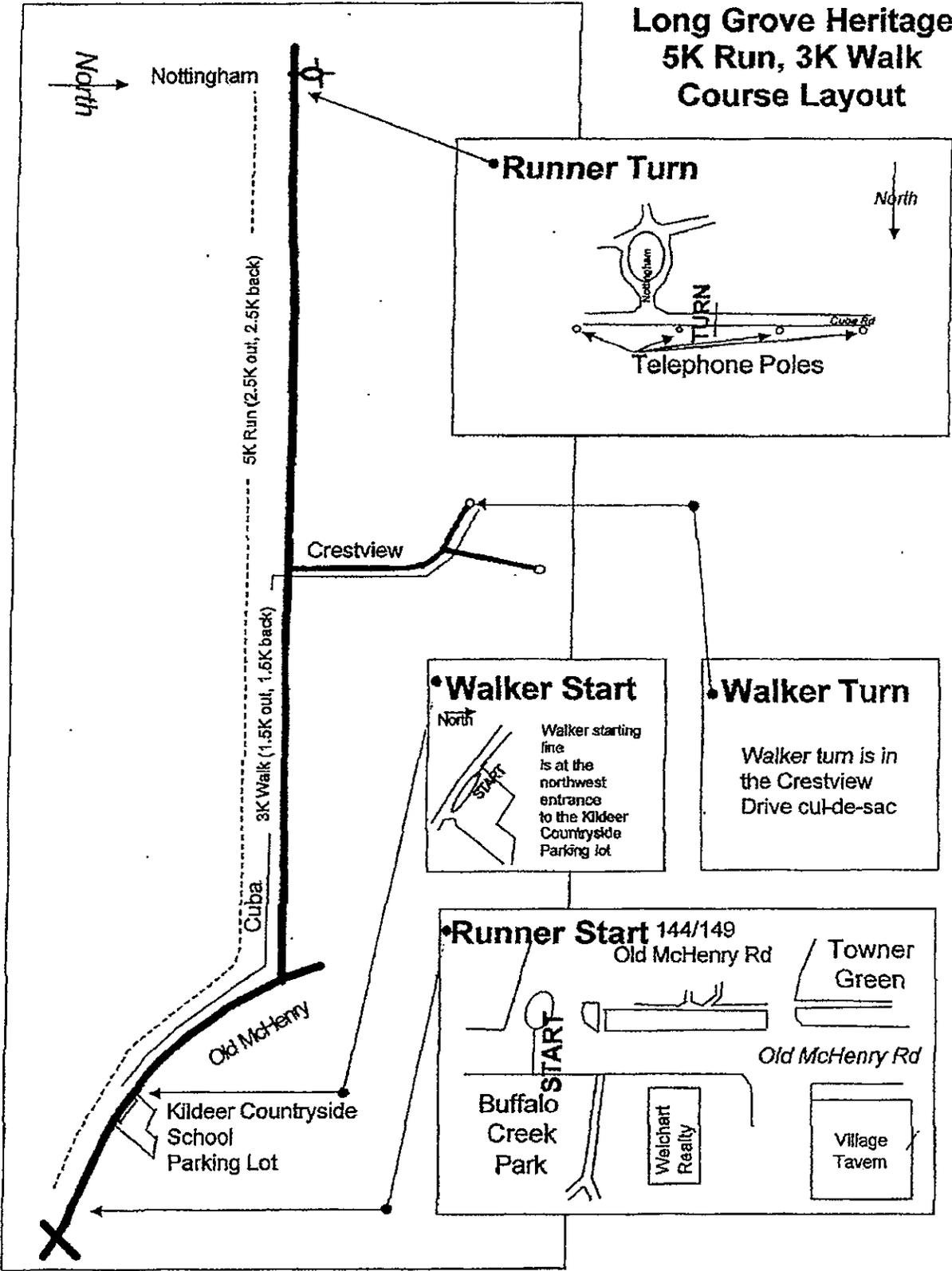

Signature of Applicant

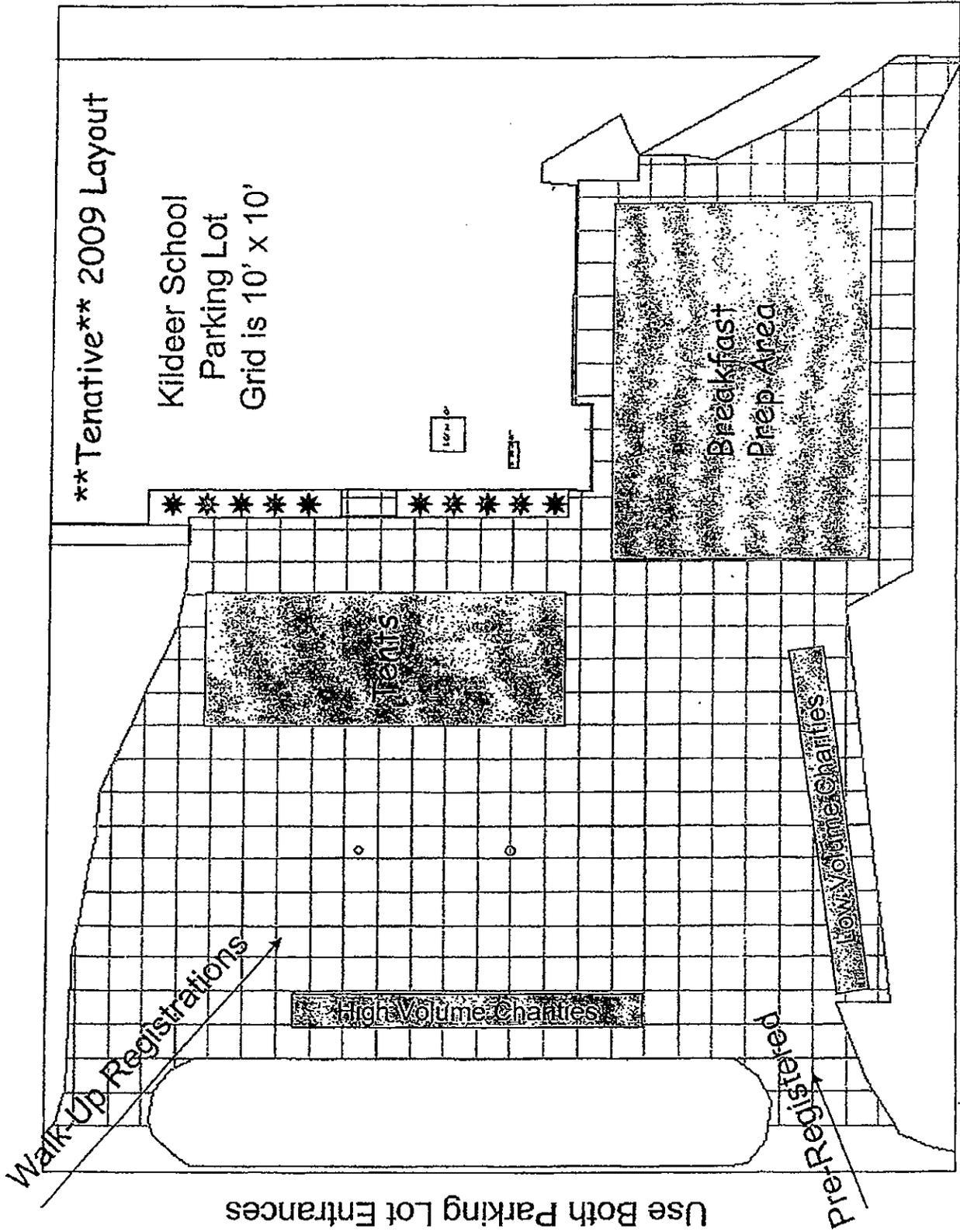
March 11, 2011
Date

* 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. 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

Long Grove Heritage 5K Run, 3K Walk Course Layout







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
 jmm1359@aol.com

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

Submittal Date: 2/18 Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): OKTOBERFEST - THE VILLAGE TAVERN

Description/Type of Event: BEER TENT with seating
AND LIVE MUSIC (DAY TIME ONLY 1-4pm)

Event Date: Sept 24th & 25th Hours: 11:30 to 7:00
 Event Date: _____ Hours: _____ to _____
 Event Date: Oct. 8th - Oct. 15 & 16 Hours: 11:30 to 7:00

Set Up for Event

Event Date: Sept. 23rd Hours: MORNING to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: Oct 7th Hours: MORNING to _____

Dismantling of Event

Event Date: Oct. 3rd (Overlap Applefest) Hours: MORNING to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: Oct 17th Hours: MORNING to _____

Estimated Number of Participants: _____
 Estimated Number of Vendors: 0

Estimated Number of Vehicles: _____
 Estimated Number of Volunteers: _____

John Maguire, Executive Director
 Long Grove Business and Community Partners
 146 Old McHenry Road, Long Grove, IL 60047
 Direct Line: 847-634-0888 Direct Fax: 847-634-3673
 jmm1359@aol.com

Sponsoring Organization: The Village Tavern
 Street Address: 135 Old McHenry Rd
 City: Long Grove State: _____ Zip Code: _____
 Phone Number: 847-634-3117 Fax Number: _____
 Contact Person: MARY ANN WILKINSON 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 required and the times for each (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	_____	Hours _____ to _____
B. Traffic officers	_____	Hours _____ to _____
C. Parking Assistants	_____	Hours _____ to _____

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

- | | | |
|--------------------|---|-----------------------------|
| A. Banners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Temporary Signs | <input 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 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	DAVE	SALES TENTS	WAUKEGAN	847-775-1850
Music				
Other				

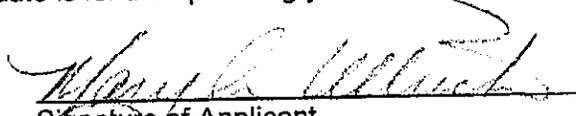
10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**

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.***

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.

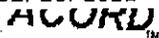


 Signature of Applicant

2/12/11

 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. Applications can be found under the heading "Administration."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2011

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 T.A. Cummings Jr. Company 4153 Main St. Skokie, IL 60076	CONTACT NAME: PHONE (A/C, No, Ext): (847)679-7350 FAX (A/C, No): (847)679-7361 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:																					
INSURED VILLAGE TAVERN OF LONG GROVE, INC 135 OLD MCHENRY RD LONG GROVE, IL 60047	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Sentinel Insurance Company</td> <td>11000</td> </tr> <tr> <td>INSURER B:</td> <td>Accident Fund Insurance</td> <td>10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Sentinel Insurance Company	11000	INSURER B:	Accident Fund Insurance	10166	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Sentinel Insurance Company	11000																				
INSURER B:	Accident Fund Insurance	10166																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 10-11

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	ADDITIONAL INSURER (INSR) 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		83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		83SBAVX9580	04/14/2010	04/14/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	04/14/2011 04/14/2012					
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE		83SBAVX9580	04/14/2010	04/14/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		WCV6040100	01/24/2011	01/24/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	A Liquor Liability					
			83SBAVX9580	04/14/2010	04/14/2011	Limit: \$1,000,000
				04/14/2011	04/14/2012	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 E: Strawberry Fest: June 24th, 25th & 26th, 2011; Veterans Concert & Pig Roast: July 23rd & 24th, 2011
 International Days: Sept. 3rd, 4th & 5th, 2011; Apple Fest: Sept. 30th, Oct. 1st & 2nd, 2011
 Oktober Fest Weekends: Sept. 24th & 25th, Oct. 8th & 9th, Oct. 15th & 16th, 2011
 he Village of Long Grove and the Long Grove Business and Community Partners are listed as Additional insureds with respects to the General Liability subject to policy terms and conditions.

CANCELLATION

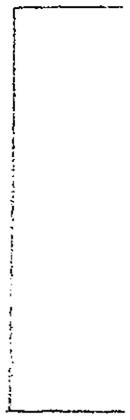
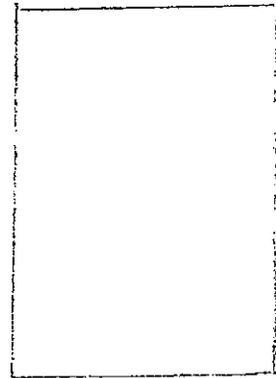
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE *Scott Cummings*
 Scott Cummings/AM

The Village of Long Grove
 3110 RFD
 Long Grove, IL 60047

SITE PLAN & BANNER REQUEST

BANNER to put on Porch
1 WEEK prior to the event
& during the event



TAVERN

BEER
TABLE

20x40
TENT



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

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

Submittal Date: _____ Date Received by LGBCP: _____

EVENT INFORMATION

Event Name & Location(s): BEANS & LEAVES COFFEE & TEA CAFE

Description/Type of Event: LIVE OUTDOOR MUSIC THROUGH OUT SUMMER - SHOWCASES LOCAL TALENT

Event Date: FRI - MON - SUN Hours: 9 to 9
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Set Up for Event
 Event Date: SAME DAY Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Dismantling of Event
 Event Date: SAME DAY Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____
 Event Date: _____ Hours: _____ to _____

Estimated Number of Participants: _____ Estimated Number of Vendors: _____

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

Sponsoring Organization: BEANS & LEAVES COFFEE & TEA CAFE
 Street Address: 320 OLD MCHENRY RD
 City: LONG GROVE State: IL Zip Code: 60047
 Phone Number: 847-821-0011 Fax Number: N/A
 Contact Person: KAREN Phone Number: _____
 E-mail Address: beansandleaves@hotmail.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). GAZEBO
2. Written permission from property owners VERBAL/LETTER COMING APPROVAL
3. Certificate of insurance naming **both** Long Grove Business and Community Partners and Village of Long Grove as additionally insured. PENDING APPROVAL
certificate will be forwarded
4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies. NA
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>N/A</u>	Hours _____ to _____
B. Traffic officers	<u>N/A</u>	Hours _____ to _____
C. Parking Assistants	<u>N/A</u>	Hours _____ to _____

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

- | | | | |
|--------------------|---|-----------------------------|---|
| A. Banners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <i>USING PREVIOUS YEARS
BANNER "LIVE MUSIC TODAY"
ON FENCE OF LONG GROVE POPCORN SHOP</i> |
| B. Temporary Signs | <input 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 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 checked="" 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. *Speakers, Amp. Acoustic*

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	<i>Karen</i>	<i>Beans & Leaves</i>	<i>320 Old McHenry</i>	<i>847-821-0011</i>
Waste Disposal/Garbage	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
Tents	<i>N/A</i>			
Music	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
Other				

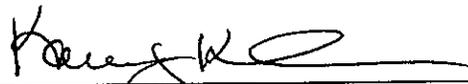
10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.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

11. If there is a charity involved or benefiting from this event, please provide the name of the charity, contact name and a phone number. *N/A*

12. Raffle – Submit "Application for License to Conduct Raffle." Raffle must be approved by the Village Board prior to the event.* *N/A*

13. Liquor – Submit "Temporary Liquor License" Application. Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at *N/A* 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

March 15, 2011

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. 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