



FOR OFFICE USE ONLY

- Site Plan
- Raffle Application
- Temp. Liquor License App.
- Event Application
- Property Owner Permission
- Insurance Certificate

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 Village of Long Grove:

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

Submittal Date: 6/9/20 Date Received: _____

EVENT INFORMATION

Event Name & Location(s): Cars & Cigars - Special Olympics Car show Fundraiser

Description/Type of Event: Car Show and Special Olympics Fundraiser in conjunction with Kildeer Police Department
and other local law enforcement

Event Date: September 13th or 20th Hours: 12:00pm to 4:00pm

Set Up for Event

Date Day Of Event
Hours: 8:00am to 11:00am

Dismantling of Event

Date: Day of Event
Hours: 4:00pm to 6:00pm

Estimated Number of Attendees: 200

Estimated Number of Vendors: 0

Sponsoring Organization: Neumann's Cigars & More

Street Address: 445 Robert Parker Coffin Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-883-9998 Fax Number: _____

Contact Person: Julie Neumann Phone Number: 847-980-8901

E-mail Address: julie@cigarsandmore.com

VILLAGE OF LONG GROVE
 3110 Old McHenry Road
 Long Grove, IL 60047
 847-634-9440

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** Historic Downtown Long Grove Business Association and Village of Long Grove as additionally insured.
- 4. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies.
- 5. Provide the number of security and police officers needed and the times for each (if required per approval) (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

A. Security officers	0	Hours	_____	to	_____
B. Traffic officers	0	Hours	_____	to	_____
C. Parking Assistants	0	Hours	_____	to	_____

- 6. Indicate whether there will be any of the following:
(before ordering banners or temporary signs, check with the Village Planner – 847-634-9440)

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

If you answered yes provide a design, location, time to be posted and written permission of the owner(s) where these items will be posted.

- 7. Indicate promotional materials and advertising to be used (check all that apply):

<input checked="" type="checkbox"/> Newspapers	<input type="checkbox"/> Cable T.V.	<input checked="" type="checkbox"/> Internet
<input type="checkbox"/> Newsletters	<input type="checkbox"/> Commercial T.V.	<input type="checkbox"/> Radio
<input 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:

VILLAGE OF LONG GROVE
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847-634-9440

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms		Service Sanitation	135 Blaine St, Gary, IN 46406	800-909-5646
Waste Disposal/Garbage				
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. **Sales tax rate for the Village of Long Grove is 8%. Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**
No Vendor Sales
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.
Jordan Feldman 847-209-1247. Special Olympics Illinois through Law Enforcement Torch Run
12. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.*
See attached
13. Liquor – Submit “Temporary Liquor License” Application. **Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at www.illinois.gov/license.cfm.***

* For additional copies of the Event Application or to obtain an Application for License to Conduct Raffle, or Temporary Liquor License Application please visit the Village of Long Grove website at <http://www.longgroveil.gov>. Applications can be found under the heading “Forms” on the home page.

All the information submitted is as part of an application to the Historic Downtown Long Grove Business Association to obtain their recommendation to the Village Board to hold a specific event in the B-1 Historic Business District. The event date is for the upcoming year and all of the information is accurate to the best of my knowledge.

Please read this form carefully and be aware that in signing up and participating in this event you will be waiving and releasing all claims arising out of this program. In consideration of the Village sponsoring and providing the above event and accepting me as a participant in the above event, I agree as follows:

ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

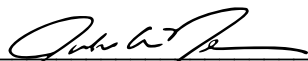
I have fully informed myself of all the details of the LGBCP event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may sustain as a result of participating in any and all activities connected with or associated with such event.

WAIVER AND RELEASE OF CLAIMS FOR INJURY

I hereby agree to, and do waive, release and relinquish all claims of every kind, known and unknown, present and future, that I may have against the Village of Long Grove, the Historic Downtown Long Grove Business Association and their officers, agents, servants and employees, arising out of, connected with, or in any way related to, the event or my participation therein.

INDEMNITY AND DEFENSE

I hereby further agree to indemnify and hold harmless and defend the Village of Long Grove, Historic Downtown Long Grove Business Association and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.



Signature of Applicant

6/9/20

Date



APPLICATION FOR LICENSE TO CONDUCT RAFFLES

1. Name of Organization: Neumann's Cigars & More
 Address: 445 Robert Parker Coffin Rd
Long Grove, IL 60047

2. Organization Representative: Julie Neumann

3. Telephone Number of Representative: 847-980-8901

4. Type of Organization
 Religious Charitable Labor Educational
 Business Fraternal Veterans Governmental

5. Date and location in which raffle chances will be sold and raffle drawing will occur:

	<u>Raffle Date</u>	<u>Raffle Location</u>	<u>Drawing Date</u>	<u>Drawing Location</u>
	Day of Event	Cigars & More	Day of Event	Cigars & More
1.	9/13/20 or 9/20/20	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

6. Please answer the following yes or no questions:

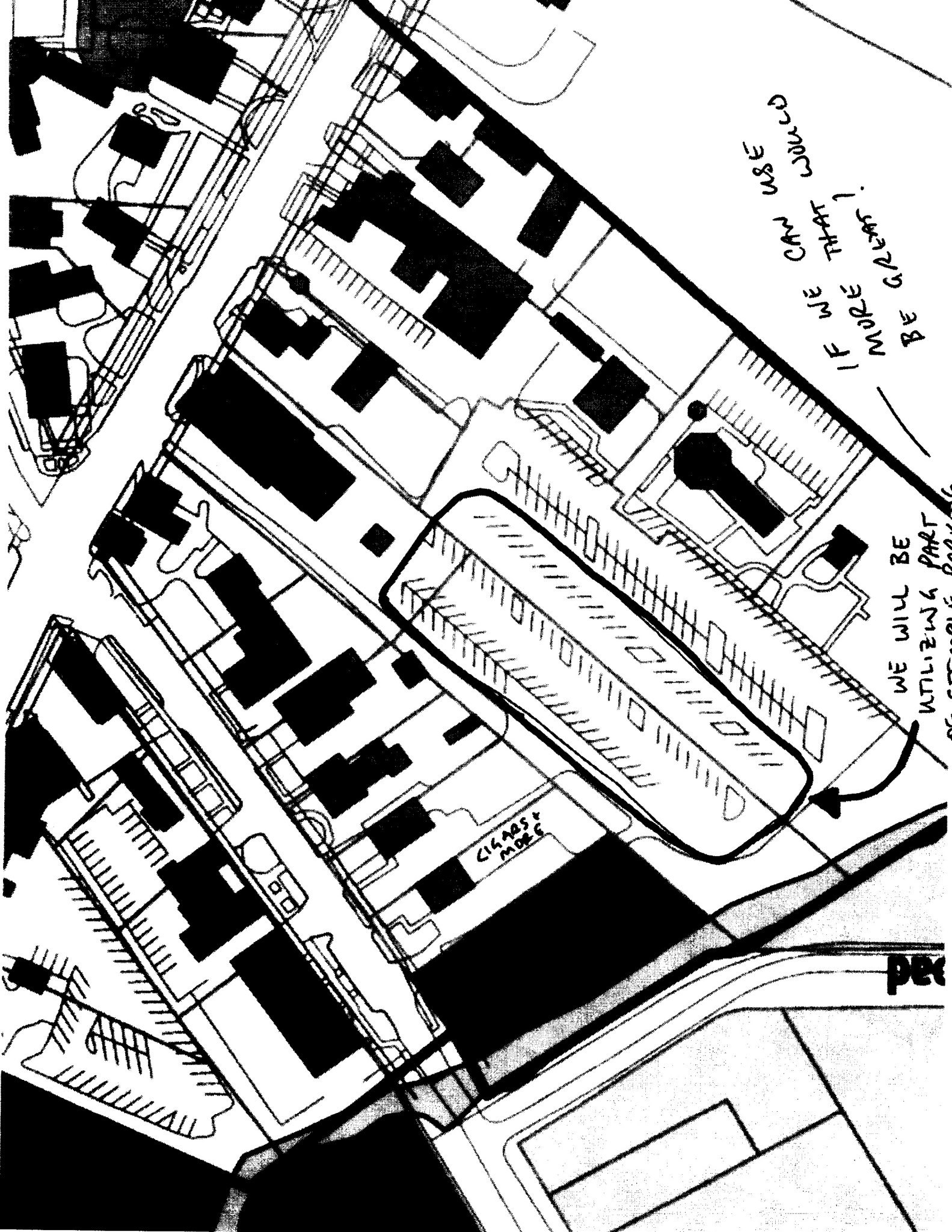
	Yes	No
a. Has the organization been in existence longer than 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Does the aggregate retail value of prizes exceed \$100,000?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Does the maximum retail value of each prize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

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

	<u>6/9/20</u>		<u>6/9/20</u>
Signature of Organization Officer	Date	Signature of Secretary	Date

Approved by the Village of Long Grove:

_____	_____	_____	_____
Signature of Village President	Date	Signature of Village Clerk	Date



WE CAN USE ROOM THAT I WOULD LIKE TO BE

WE WILL BE UTILIZING PART OF STAMPLE PARKING

CLUBHOUSE MOBILE

PEX