



# SPECIAL EVENT APPLICATION

### FOR OFFICE USE ONLY

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

Please complete this form in its entirety. This application must be submitted a minimum of 90 days prior to the event.

Applications should be mailed, faxed or e-mailed to the 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: 07/31/20 Date Received: \_\_\_\_\_

### EVENT INFORMATION

Event Name & Location(s): Horse Drawn Sleigh Rides for Vintage Holidays

Description/Type of Event: Sleigh rides up to 15 passengers, Will travel up & down Historic Downtown Streets. Rides last about 15 min

Event Date: Nov 21, 22, 28, 29 Hours: 11am to 7pm

Set Up for Event: Dec 16, 12, 13, 19, 20 Dismantling of Event: \* Nov 27 11am - 4pm

Date: Daily Sign up sheets & waivers at visitors center Date: None

Hours: Daily prior to each ride Hours: None to None

Estimated Number of Attendees: 300 Estimated Number of Vendors: None

Sponsoring Organization: Historic Downtown Long Grove Business Association

Street Address: 308 Old McHenry Road State: IL Zip Code: 60047

City: Long Grove Fax Number: \_\_\_\_\_

Phone Number: 847-634-0888 Phone Number: 224-735-1590

Contact Person: Jasmine Searcy

E-mail Address: Contact@longgrove.org

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	<u>None</u>	Hours _____ to _____
B. Traffic officers	<u>None</u>	Hours _____ to _____
C. Parking Assistants	<u>None</u>	Hours _____ to _____

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

A. Banners	<input 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 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.

None

9. Services provided at event:

None

VILLAGE OF LONG GROVE  
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Long Grove, IL 60047  
847-634-9440



Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms				
Waste Disposal/Garbage				
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with notice or form indicating they are filing all sales occurring in the Village of Long Grove. Sales tax rate for the Village of Long Grove is 8%. **Food vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.**
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 [www.illinois.gov/license.cfm](http://www.illinois.gov/license.cfm).** *N/A*

\* 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

*[Handwritten Signature]*  
*Jasmine Sarge*

HDLG Secy.

Date

*08-7-2020*

*07/31/2020*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/02/2020

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cook and Kocher Insurance Group 300 S. Northwest Highway Suite 208 Park Ridge IL 60068	<b>CONTACT NAME:</b> Michelle Wolff <b>PHONE (A/C, No, Ext):</b> (847) 692-9200 <b>E-MAIL ADDRESS:</b> michellew@cookandkocher.com	<b>FAX (A/C, No):</b> (847) 692-9299
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> HISTORIC DOWNTOWN LONG GROVE BUSINESS ASSOCIATION 308 OLD MCHENRY ROAD LONG GROVE IL 60047	<b>INSURER A:</b> Hanover Insurance Company <b>NAIC #</b> 22292	
	<b>INSURER B:</b> Twin City Fire Insurance Co. <b>NAIC #</b> 29459	
	<b>INSURER C:</b> Donald Gaddis Company, Inc.	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL207205038      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OHCA986545	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			OHCA986545	07/15/2020	07/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			OHCA986545	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	83WECB09102	01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 \$1,000,000
C	Liquor Liability			LIQ101504.10	04/30/2020	04/30/2021	

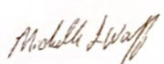
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Carriage Rides -Nov 21, 22, 27, 28, 29 and Dec 5, 6, 12, 13, 19, 20

The Certificate holder is named as additional insureds

### CERTIFICATE HOLDER

### CANCELLATION

Village of Long Grove 3110 Old McHenry Road  Long Grove IL 60047	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Copy

**County Line Farm & Ponies**

P.O. Box 861 Island Lake, IL 60042

(815)451-9011 (847)302-0924

January 17, 2020

**Historic Downtown Long Grove Business Association**

308 Old McHenry Road

Long Grove, IL 60047

contact

(847) 912-9785 j.s.kopecky@sbcglobal.net

**Year one:**

The above mentioned parties hereby enter a service agreement effective: November 21, 22, 28 & 29  
December 5, 6, 12, 13, 19 & 20, 2020 From 11:00 am – 7:00 pm

November 27, 2020. From 11:00 am – 4:00 pm

County Line Farm & Ponies agree to provide the following:

15 person Sleigh Ride pulled by 2 horses.

The above mentioned item will be provided for: \$13,600.00 rain, snow or shine.

A deposit of \$2000.00 will be required to guarantee the scheduled dates and times.

The balance of \$ 11,600.00 is due upon our arrival on December 20, 2020. In the event that the check is not available a late fee of \$100 per day will apply.

**Year two:**

The above mentioned parties hereby enter a service agreement effective: November 20, 21, 27 & 28  
December 4, 5, 11, 12, 18 & 19, 2021 From 11:00 am – 7:00 pm

November 26, 2021 From 11:00 am – 4:00 pm

County Line Farm & Ponies will provide: 15 person Sleigh Ride pulled by 2 horses.

The above mentioned item will be provided for \$14,008.00 rain, snow or shine.

A deposit of \$2000.00 will be due on or before January 15, 2021. The balance of \$12,145.00 is due upon our arrival on December 19, 2021. In the event that the check is not available a late fee of \$100 a day will apply.

**Year three:**

The above mentioned parties hereby enter a service agreement effective: November 19, 20, 26 & 27  
December 3, 4, 10, 11, 17 & 18 2022 From 11:00 am – 7:00 pm





## WAIVER AND RELEASE OF LIABILITY

in consideration of the risk of injury, while participating in the Carriage Rides (the "Activity"), and as consideration for the right to participate in the Activity, I represent myself and children knowingly and voluntarily enter into the waiver and release from liability and hereby waive any and all rights, claims or causes of the action of any kind whatsoever arising from our of my participation in the Activity, and do hereby release and forever discharge Historic Downtown Long Grove Business Association, located at 308 Old McHenry Road, Long Grove, IL 60047 AND the Village of Long Grove, located at 3110 Old McHenry Road, Long Grove, IL 60047 and their affiliates, managers, members, agents, staff and volunteers, representatives, successors assigns, for any physical and/or psychological injury, including but not limited to illness, paralysis, death, participating in the aforementioned Activity,

**Date of Participation** \_\_\_\_\_

**PRINTED NAMES OF EACH PARTICIPANT:**

Maximum 4 adults or 2 adults with children, or 3 adults with 1 child. The driver will make the final final determination, based upon safety and experience, Rides are FREE and will not be private.

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Address (street, city, state): \_\_\_\_\_

Telephone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

<b>MINORS:</b>	
IF A MINOR (Under the age of 18 years of age) will be participating, include their name ONLY if you are the Minor's legal guardian and are assuming liability.	
Minor's Name: _____	Age: _____
Minor's Name: _____	Age: _____
Minor's Name: _____	Age: _____
Minor's Name: _____	Age: _____
Legal Guardian Name _____	
<b>Signature:</b> _____	

\_\_\_\_\_ **# in PARTY**      **Participation Time:** \_\_\_\_\_