



# 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: 01/11/2021 Date Received: \_\_\_\_\_

**EVENT INFORMATION**

Event Name & Location(s): Long Grove's Prairie State 3.5 Mi, 10K & Half Marathon \_\_\_\_\_

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

Event Date: 10/02/2021 Saturday Hours: 6:45am to 11:15am, Step Off Time 7:00am

Set Up for Event

Date 10/02/2021

Hours: 3:00am to 6:30am

Estimated Number of Attendees: 1000

Dismantling of Event

Date: 10/02/2021

Hours: 11:00am to 2:00pm

Estimated Number of Vendors: 1

Sponsoring Organization: All Community Events

Street Address: 1152 Ensell Rd

City: Lake Zurich State: IL Zip Code: 60047

Phone Number: 224-757-5425 Fax Number: \_\_\_\_\_

Contact Person: Peter Starykowicz Phone Number: 224-757-5425 ext 22

E-mail Address: pstaryk@allcommunityevents.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.
- 3. Indicate the requested areas of the roadway and parking that will need to be closed and barricaded for this event if it applies.
  - Archer Rd closed 3:00am to 2:00pm
  - Robert Parker Coffin Rd closed from Archer to Schaeffer Rd. 8:20am to 8:45am.
  - Old McHenry Rd south bound lanes closed from Robert Coffin Rd to Cuba Rd. 8:20am to 8:50am.
  - Cuba east bound lanes closed from Old McHenry Rd to Nottingham Dr. 8:20am to 9:15am.
  - Route 53 crossing at Schaeffer 8:30am to 11:30am.
  - Checker Rd west bound lane closed from Schaeffer Rd to Old Hicks Rd.
  - Old Hicks Rd north bound lane closed from Checker Rd to Coach Rd.

5. Provide the number of security and police officers needed and the times for each (if required per approval) (Cost for security: \$70/hour per deputy. Payment must be submitted with application):

- A. Security officers \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_
- B. Traffic officers     \_\_\_ 10 \_\_\_                   Hours \_\_\_ 6:30am \_\_\_ to \_\_\_ 11:15am \_\_\_
- C. Parking Assistants \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

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

- A. Banners                    Yes            No
- B. Temporary Signs        Yes            No
- C. Other (specify) \_\_\_\_\_

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

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

- Newspapers                    Cable T.V.                    Internet
- Newsletters                    Commercial T.V.            Radio
- Direct Mailings            Trade Magazines            Other (specify)

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

9. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	30	Alejandra Cruz	Service Sanitation	800-909-5646
Waste Disposal/Garbage	20yd	Jeff Greaves	Advanced Disposal	847-878-3335
Tents	6 10x10 tents	Own		
Music	3 small speakers	Own	Announce and 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.  
Wings Program, Inc. Bruna Srb, 847-519-7820 ext216
12. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.\*
13. Liquor – Submit “Temporary Liquor License” Application. **Please note that a State of Illinois Liquor License is also required. Applications may be downloaded at [www.illinois.gov/license.cfm](http://www.illinois.gov/license.cfm).**\*

\* For additional copies of the Event Application or to obtain an Application for License to Conduct Raffle, or Temporary Liquor License Application please visit the Village of Long Grove website at <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.

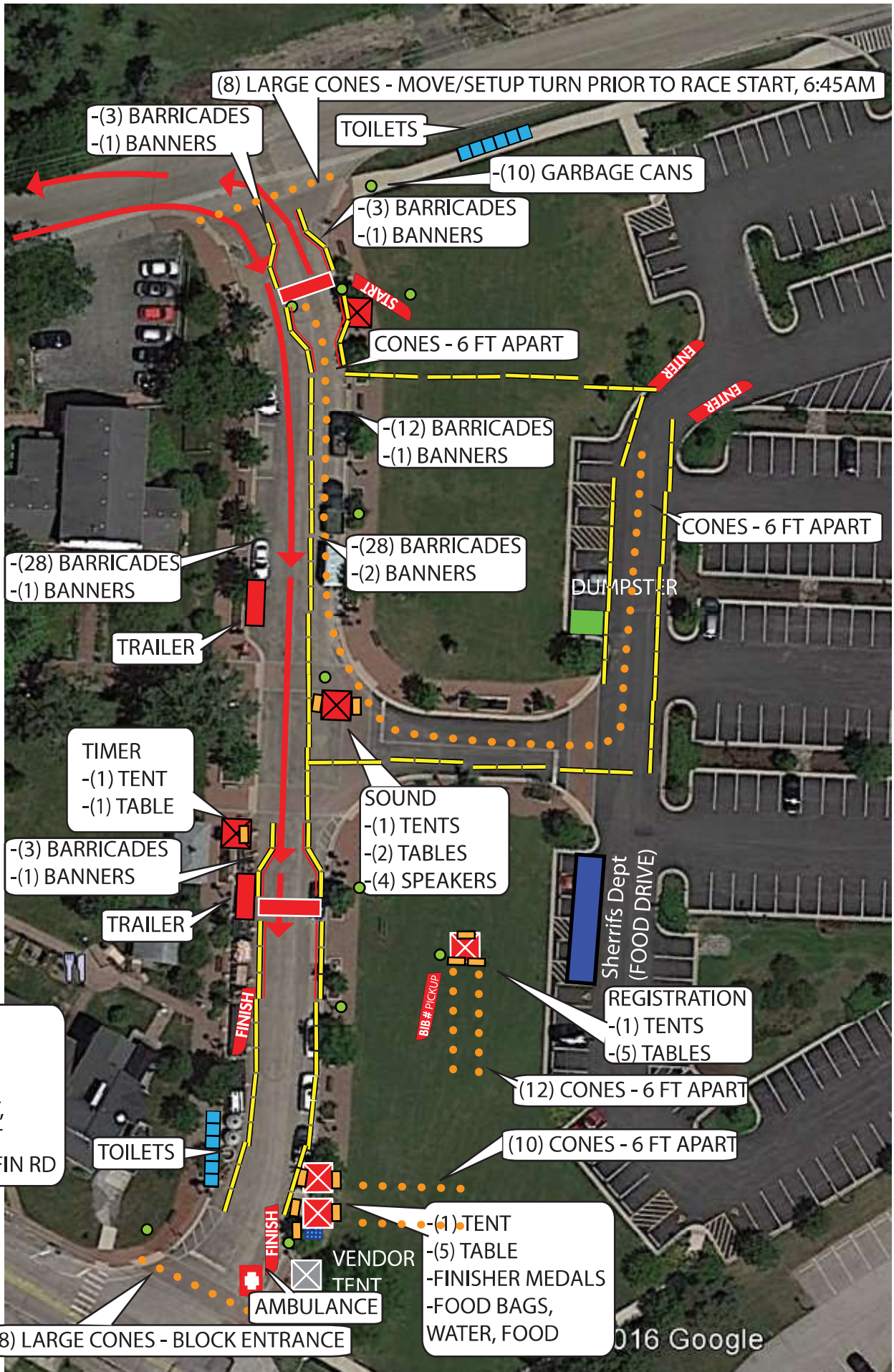
*Peter Starukowicz*

\_\_\_\_\_  
Signature of Applicant

01/11/2021\_\_\_\_\_  
Date







SITE TOTAL:  
 (25) LARGE CONES  
 (70) SMALL CONES

### PRAIRIE STATE - SITE MAP

