

#### SPECIAL EVENT SHORT APPLICATION

emmana.	an a
FOR	OFFICE USE ONLY
	Bite Plan
	Event Application
	Property Owner Permission
	Insurance Certificate

Please complete this form in its entirety.

Applications should be mailed, faxed or e-mailed to the Village of Long Grove:

Sherry Shlagman Village of Long Grove 847-634-9440 Fax: 847-634-9408

schlaaman@langaravail a

RECEIVED

FEB 99 2021

ssmagman@ionggroveii.g	VILLAGE OF LONG GROVE	
Submittal Date: Feb. 202\ Date Rece		
EVENT INFORMATION		
Event Name & Location(s): Events Calendar & Gr	ed Assire Duce Studie	
Description/Type of Event: These will be published	lic events held at Fred Astaine	
Dance Studie		
Event Date: April 24 May 1, 8, 22 June 5,21	6 Hours: 12:00pm to 10-00pm	
Event Date: April 24 May 1, 8, 22 June 5, 21  Set Up for Event Oct. 2, 16, 23 Nov. 13, 27	Dismantling of Event	
Date The Day Of	Date: The Day of	
Hours: 10:00 am to 12:00 pm	Hours: 10:00pm to 11:00pm	
Estimated Number of Attendees: 100		
Organization: Metro North, Inc.		
Street Address: 342 Old McKeny Rd.		
City: Long Grove	State: ZL Zip Code: 60047	
Phone Number: 947 - 848 - 4768	Fax Number:	
Contact Person: Jesse DeSoto	Phone Number:	
E-mail Address: desotojesse egmil com		
Include with this application the following:		

- 1. A site plan of all areas covered by the event. On the plan, mark the location of tables, chairs, sanitary facilities and auxiliary parking lots (if applicable).
- Written permission from property owners.
- 3. Certificate of insurance naming the Village of Long Grove as additionally insured.
- 4. Indicate areas of the roadway and/or parking that will need to be closed and barricaded/

VILLAE OF LONG GROVE 3110 Old McHenry Road Long Grove, IL 60047 847-634-9440 www.longgroveil.gov

- 5. If you plan on Banners of Temporary Signs please provide a design, location, time to be posted, and written permission of the owner(s) where these items will be posted.
- 6. Please provide specifics as to the use of any displays, music, etc.
- 7. Services provided at event:

Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	Coleen	Flush		888 - 358 -
Waste Disposal/Garbage Tents	Wheeling Transfer Station	Mangement	390 Sumae Rd. Wheelvy, IL 60090	86-570- 4702
Music Other	In-House		342 Old Milking Bd	. 224-239-0912

- 8. Food Allowed per existing Lake County Health Department License and their requirements.
- 9. Liquor Allowed per existing Village of Long Grove and State Liquor License.

All the information provided for this application is accurate to the best of my knowledge. Please read this form carefully and be aware that in submitting this application and hosting this event you will be waiving and releasing all claims arising out of this event. In consideration of the Village of Long Grove allowing this event, I agree as follows:

#### ACKNOWLEDGEMENT/ASSUMPTION OF RISK OF INJURY

I have fully informed myself of all the details of the event 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 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 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 and their officers, agents, servants and employees from any and all claims of every kind, known and unknown, present and future, that I may have arising out of, connected with, or in any way related to the program or my participation therein. My signature also allows the use my photo for promotional purposes. My signature on this form indicates that I have read and understand the above Waiver and execute it of my own free will and without any reservation.

Signature of Applicant

Date

### Metro North Inc.

I, Jesse DeSoto, do hereby give permission for my property (Fred Astaire Dance Studios-Long Grove) to be utilized for events on the following dates of the year 2021:

April: 24

May: 1, 8, 22

June: 5, 26

July 10, 17, 24

August: 21, 28

September: 4, 11

October 2, 16, 23

November: 13, 27

## Displays, Music, Etc.

There will not be any Banners of Temporary Signs needed.

Music: We will have music playing at a controlled volume. Music will stop at 10:00pm each night.

# Key

Areas covered by the event



Sanitary Facilities



Flow of people

Trailer Stage

☐ Speakers

i



