



FOR OFFICE USE ONLY

- Site Plan
- Event Application
- Property Owner Permission
- Insurance Certificate

SPECIAL EVENT SHORT APPLICATION

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
 sshlagman@longgroveil.gov

Submittal Date: 07/09/2021 Date Received: _____

EVENT INFORMATION

Event Name & Location(s): Irish Days (Fountain Square Area)

Description/Type of Event: _____

Event Date: 09/4 - 09/6 Hours: 9:30 am to 5:00 pm

Set Up for Event

Date: 09/04/21
 Hours: 9:30 am to 10:30 am

Dismantling of Event

Date: 09/06/21
 Hours: 4:00 pm to 5:00 pm

Estimated Number of Attendees: _____

Organization: Historic Downtown Long Grove Business Association

Street Address: 308 Old McHenry Road

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-634-0888 Fax Number: _____

Contact Person: Jasmine Searcy Phone Number: 224-735-1590

E-mail Address: Contact@longgrove.org

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).
2. 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/

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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	Coreen	Royal Flush		
Waste Disposal/Garbage	Robert Flood	Flood Brothers		
Tents				
Music				
Other				

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

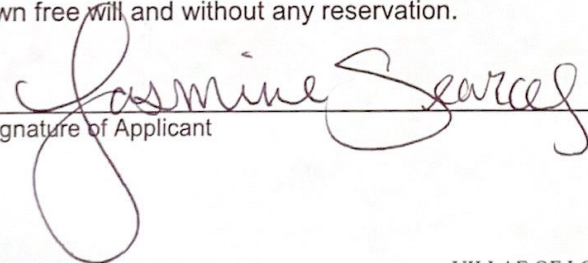
I have fully informed myself of all the details of the event and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that I may 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

08/02/2021

 Date

VILLAGE OF LONG GROVE
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 Long Grove, IL 60047
 847-634-9440
www.longgroveil.gov



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).

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

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:	Y		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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			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
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	83WECBO9102	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Liquor Liability			LIQ101504.10	04/30/2021	04/30/2022	\$1,000,000

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

Festival of culture:
April 25, 2020
August 1, 2, 2020
September 4, 5, 6, 7, 2020

Festival of seasons:
May 15, 16, 17, 2020

CERTIFICATE HOLDER

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Long Grove IL 60047

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