

SPECIAL EVENT SHORT APPLICATION

FOR	OFFICE USE ONLY
	Site Plan
6	Event Application
	Property Owner Permission
1	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 sshlagman@longgroveil.gov

Submittal Date: 10/01/2021 Date Received:
EVENT INFORMATION
Event Name & Location(s): Vintage Holiday Sleigh Rides (Throughout
Description/Type of Event: Every Sat + Sun Starting Nov 20 - downto
december 19. Patrons take sleigh throughout long Grove
Event Date: EVENU SA+ + SUN Hours: 10 to 7
NOVEMBER 20 - December 19 Set Up for Event Dismantling of Event
Date 11/20/21 Date: 12/11/2
Hours: 9 to 10 Hours: 4 7 to 38
Estimated Number of Attendees: 1,000 throught the season
Organization: Listovic Downtown Long Crove Business Association
Street Address: 308 Old Milling Road
City: Long Grove State: FL Zip Code: (eco47
Phone Number: 847 - 634 - 0888 Fax Number:
Contact Person: Jasmine Seaval Phone Number: 274-735-1590
E-mail Address: (Wtacta Long grove org
Include with this application the following:
 A <u>site plan</u> 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.

- 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	NA			
Waste Disposal/Garbage	NA			
Tents	NA			
Music	NIA			
Other	NIA			

- 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

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