



FOR OFFICE USE ONLY

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

SPECIAL EVENT APPLICATION

Please complete this form in its entirety. This application must be submitted a minimum of 45 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@longgroveil.gov

Submittal Date: 1/24/2023 Date Received: _____

EVENT INFORMATION

Event Name & Location(s): Cars & Cigars - Special Olympics Car Show Fundraiser

Description/Type of Event: Car show and Special Olympics Fundraiser in conjunction with Kildeer Police Department and other local law enforcement.

Event Date: 7/23/23 Hours: 12pm to 4pm

Set Up for Event

Date 7/23/23
Hours: 8am to 11am

Dismantling of Event

Date: 7/23/23
Hours: 4pm to 6pm

Estimated Number of Attendees: 200

Estimated Number of Vendors: 0

Sponsoring Organization: Neumann's Cigars & More

Street Address: 445 Robert Parker Coffin Rd.

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-883-9998 Fax Number: _____

Contact Person: Julie Neumann Phone Number: 847-980-8901

E-mail Address: julie@cigarsandmore.com

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

Additional Information

Include with this application the following:

1. A site plan of all areas 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 the Village of Long Grove, its elected and appointed officials, officers, employees, volunteers, and agents as additional 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/or police officers needed and the times for each (if required per approval)

A. Security officers	n/a		Hours _____	to	_____
B. Traffic officers	n/a		Hours _____	to	_____
C. Parking Assistants	n/a		Hours _____	to	_____

6. Indicate whether there will be any of the following:

(before ordering banners or temporary signs you are required to complete a review with Village of Long Grove Staff.)

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.

Banner on Cigars & More property and sign on corner at 83 and RPC

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

Services provided at event:

Amenities	Contact Name	Company	Address	Phone Number
Sanitation/Portable Restrooms	Coleen Flood-Geary	Floods Royal Flush	PO Box 303 Wasco, IL	888-358-7404
Waste Disposal/Garbage				
Tents				
Music				
Other				

8. Attach to this application a list of all **vendors with their Illinois sales tax identification number**.

Applicant must provide each vendor with notice/form indicating their requirement to remit sales tax for transactions in the Village of Long Grove. For informational purposes the **sales tax rate for the Village of Long Grove is 8%**.

If the vendor is a 501C3 nonprofit organization, a copy of your tax-exempt certificate must be provided.

Notice for all vendors: The Village of Long Grove conducts scheduled audits of sales tax remittance data provided by the Illinois Department of Revenue. Failure to remit, or questionable remittance, will be referred to the Illinois Department of Revenue for investigation and will result in the vendor being suspended from future business activity within the Village of Long Grove municipal jurisdiction.

Notice to all food sales vendors: These vendors should contact the Lake County Department of Health (847-360-6700) to apply for a permit.

9. Raffle – Submit “Application for License to Conduct Raffle.” Raffle must be approved by the Village Board prior to the event.*
10. 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.***

* For additional copies of the Event Application or to obtain an Application for License to Conduct a 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/Permits” 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

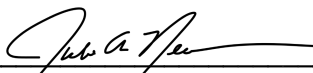
I have fully informed myself of all the details of the HDLGBA event(s) and the risks inherent in the event. I recognize and acknowledge that they may involve risks of bodily injury and death. I agree to and assume the full risk of any injuries, including death, and of all costs, damages, and losses that 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, its elected and appointed officials, officers, employees, volunteers, and agents, 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, its elected and appointed officials, officers, employees, volunteers, and agents; the Historic Downtown Long Grove Business Association, employees, volunteers, and agents, 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 of 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

1/24/23

Date

Village Manager Review

Date

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



APPLICATION FOR LICENSE TO CONDUCT RAFFLES

1. Name of Organization/Charity: Neumann's Cigars & More/Special Olympics Illinois
Address: Cigars & More- 445 Robert Parker Coffin Rd., Long Grove, IL 60047
Special Olympics Illinois- 605 E Willow St., Normal, IL 61761
501C3 Registration Number Special Olympics IL EIN: 36-2922811

2. Organization Representative: Julie Neumann

3. Telephone Number of Representative: 847-980-8901

4. Type of Organization
Religious Charitable X Labor Educational
Business Fraternal Veterans Governmental

5. Date and location in which raffle chances will be sold and raffle drawing will occur:
Table with 4 columns: Raffle Date, Raffle Location, Drawing Date, Drawing Location. Row 1: 7/23/23, 445 Robert Parker Coffin Rd., Long Grove, IL 60047, same, same.

6. Please answer the following yes or no questions:
a. Has the organization been in existence longer than 5 years? Yes X No
b. Does the aggregate retail value of prizes exceed \$100,000? No X
c. Does the maximum retail value of each prize exceed \$50,000? No X
d. Will the maximum price of a raffle ticket exceed \$500? No X
e. Will you be seeking a waiver of the \$25 license fee because all proceeds will go to charity? Yes X No

Other reasons explain: _____

The undersigned affirms that he/she is an authorized representative of the sponsor organization, that the statements made herein are true and correct to the best of his/her knowledge; and that he/she will be responsible for the conduct of the raffle in accordance with the provisions of the laws of the State of Illinois and the Village of Long Grove governing the conduct of raffles.



Signature of Organization Officer

1/24/23

Date



Signature of Secretary

1/24/23

Date

Approved by the Village of Long Grove:

Signature of Village President

Date

Signature of Village Clerk

Date

This Raffle License Application will be presented to the Village of Long Grove Board for approval. The day after the Board meeting, an email will be sent to the organization confirming the raffle has been approved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2022

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		CONTACT NAME: Debbie Semple, CISR Elite	
Crissie Insurance Group		PHONE (A/C, No, Ext): (847) 296-0655	FAX (A/C, No):
6400 Shafer Court		E-MAIL ADDRESS: sempled@crissieins.com	
Suite 600		INSURER(S) AFFORDING COVERAGE	
Rosemont IL 60018		INSURER A: Acuity	NAIC # 14184
INSURED		INSURER B: Hanover American Insurance Company	
Cigars & More, Inc.		INSURER C:	
314 S. Milwaukee Avenue		INSURER D:	
Libertyville IL 60048		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2022-2023**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	Y	Y	K35663	04/13/2022	04/13/2023	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 10,000	
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$ Included	
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 3,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG \$ 3,000,000	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$	
	EXCESS LIAB						BODILY INJURY (Per person) \$	
	DED RETENTION \$						BODILY INJURY (Per accident) \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WZCH39230001	10/18/2021	10/18/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Y/N <input checked="" type="checkbox"/> Y	E.L. EACH ACCIDENT \$ 500,000
								E.L. DISEASE - EA EMPLOYEE \$ 500,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000

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

RE: Annual Cars & Cigars - Car Show and Special Olympics Fundraiser - Stemple Parking Lot. 7/24/2022
Historic Downtown Long Grove Business Association, Village of Long Grove and Long Grove Investments, LLC are included as additional insured on a primary and non-contributory basis including waiver of subrogation in regards to general liability per forms CB7457 0820, CB1488 0713.

CERTIFICATE HOLDER**CANCELLATION**

Historic Downtown Long Grove A 501C3 Not For Profit Organization 308 Old McHenry Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Long Grove IL 60047	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



Certificate of Training

Awarded to

Julie Neumann

For successfully completing the

Food Handler Essentials Course

This ANSI-accredited food safety program is valid throughout the State of Illinois.

jhk4g-ijf0ge1

Certificate Verification Number
Verify at www.statefoodsafety.com/Verify

Jun 21, 2021

Issue Date (valid for 3 years)



This program prepares the learner to be a responsible food handler.

Bryan Chapman, CCFS, CP-FS
CEO, StateFoodSafety
711 Timpanogos Pkwy; Orem, UT



Scan with a smart device to verify.

Powered by StateFoodSafety



Bryan Chapman, CCFS, CP-FS
CEO, StateFoodSafety

The holder of this Food Handlers Card has successfully completed the StateFoodSafety Food Handler Course. This card is valid for three (3) years.

StateFoodSafety Food Handlers Card

This food handler card is valid throughout the State of Illinois.

Issued to: Julie Neumann

Completion Date: Jun 21, 2021
Valid for 3 years

Verification: jhk4g-ijf0ge1
Verify card at www.statefoodsafety.com/Verify



StateFoodSafety
Food Safety Training & Certification

Scan with a smart device to verify.

Your copy/Su copia

Powered by StateFoodSafety



Bryan Chapman, CCFS, CP-FS
CEO, StateFoodSafety

The holder of this Food Handlers Card has successfully completed the StateFoodSafety Food Handler Course. This card is valid for three (3) years.

StateFoodSafety Food Handlers Card

This food handler card is valid throughout the State of Illinois.

Issued to: Julie Neumann

Completion Date: Jun 21, 2021
Valid for 3 years

Verification: jhk4g-ijf0ge1
Verify card at www.statefoodsafety.com/Verify



StateFoodSafety
Food Safety Training & Certification

Scan with a smart device to verify.

Manager Copy/Copia del gerente