

FOR OFFICE USE ONLY				
Site Plan				
Raffle Application				
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 <u>45</u> <u>days</u> prior to the event.

Applications and all accompanying documents can be <u>e-mailed (preferred)</u> or dropped off at the Village of Long Grove:

Village of Long Grove 3110 Old McHenry Road Long Grove, IL 60047 847-634-9440 forms@longgroveil.gov						
Submittal Date:	Date Received:					
EVENT INFORMATION						
Event Name & Location(s):						
Description/Type of Event:						
Event Date:	Hours:	to				
Set Up for Event	Dismantling of Ev	vent				
Date	Date:	_				
Hours:to	Hours:	to				
Estimated Number of Attendees:		er of Vendors:				
Street Address: City:		Zip Code:				
Phone Number:		;;;;				
Contact Person:		oer:				
E-mail Address:						
3	LAGE OF LONG GROVE 110 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 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
- Certificate of insurance naming **both** Historic Downtown Long Grove Business Association and 3. Village of Long Grove as additionally 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 police officers needed and the times for each (if required per approval)

	A. Security officers		Hours	to	
	B. Traffic officers		Hours	to	
	C. Parking Assistants		Hours	to	
6.	Indicate whether there will be (before ordering banners or ten			ng Team)	
	A. Banners	□ Yes	□ No		
	<ul><li>B. Temporary Signs</li><li>C. Other (specify)</li></ul>	□ Yes	□ No		

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):

- □ Cable T.V. □ Newspapers □ Newsletters
- □ Direct Mailings
- □ Commercial T.V.

Trade Magazines

- □ Internet □ Radio
- $\Box$  Other (specify)
- 8. Please provide specifics for any mechanical or electronic rides, demonstrations, displays, music, etc.(attach documents as necessary)

Wrestling Ring setup in the biergarten.

9. Services provided at the event:

Amateur wrestling matches to promote Half Nelson beer.

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Service	Contact Name	Company	Address	Phone Number
Sanitation/Portable				
Restrooms				
Waste				
Disposal/Garbage				
Tents				
Music				
Other				

10. Provide a list of all vendors and their Illinois sales tax identification number. Provide each vendor with a 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 must contact the Lake County Department of Health (847-360-6700) to apply for a permit.

- 11. If a charity is involved or benefiting from this event, please provide the name of the charity, contact name and phone number.
- 12. Raffle Submit "Application for License to Conduct Raffle." The Village Board must approve the raffle before the event.\*
- Liquor Submit the "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 a License to Conduct a Raffle or Temporary Liquor License Application, please visit the Village of Long Grove website at <a href="http://www.longgroveil.gov">http://www.longgroveil.gov</a>. Applications are under the heading "Forms/Permits" on the home page.

VILLAGE OF LONG GROVE 3110 Old McHenry Road Long Grove, IL 60047 847-634-9440 www.longgroveil.gov All the information submitted is as part of an application to the Long Grove Business and Community Partners 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 Long Grove Business & Community Partners 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, the Long Grove Business & Community Partners 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 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.

Michael Marr

Signature of Applicant

Date

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