



- 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:

Kinga Hoscilo
 Village of Long Grove
 3110 Old McHenry Rd
 Long Grove, IL 60047
 Phone: 847-634-9440
 Fax: 847-634-9408
 khoscilo@longgroveil.gov

Submittal Date: 12/28/23 Date Received: _____

EVENT INFORMATION

Event Name & Location(s): Cocoa Crawl @ 145 Old McHenry Rd.

Description/Type of Event: Free community event providing complimentary hot cocoa samples at tents located around town. Exact location TBD.

Event Date: 2/10/24 Hours: 12pm to 4pm

Set Up for Event

Date: 2/10/24
 Hours: 9am to 12pm

Dismantling of Event

Date: 2/10/24
 Hours: 4pm to 6pm

Estimated Number of Attendees: 500

Estimated Number of Vendors: 4-6

Sponsoring Organization: H.D.L.G.B.A

Street Address: 145 Old McHenry Rd

City: Long Grove State: IL Zip Code: 60047

Phone Number: 847-634-0888 Fax Number: N/A

Contact Person: Nikki Faul & Michelle Bieber Phone Number: 847-609-4441

E-mail Address: events@longgrove.org & contact@longgrove.org

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 Yes No
 B. Temporary Signs Yes No
 C. Other (specify) _____ 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. 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	<u>Royal Flush</u>			
Waste Disposal/Garbage		<u>Flood Bros.</u>		
Tents		<u>N/A</u>		
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.

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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.

Michelle Bieber

Signature of Applicant

12/28/23

Date

Village Manager Review

Date

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