



Village of Round Lake

442 N. Cedar Lake Road Round Lake, IL 60073

Ph. 847-546-5400 Fax 847-546-1872

www.eroundlake.com

EVENT/ OPEN AIR/ PARADE APPLICATION

ORGANIZATION INFORMATION

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS:

EVENT CONTACT INFORMATION

NAME:

PHONE:

EMAIL ADDRESS:

DESCRIPTION OF EVENT

EVENT TITLE/PURPOSE:

EVENT TYPE: BLOCK PARTY CAR SHOW CRAFT FAIR FESTIVAL FIREWORKS
 PARADE RUN/WALK OTHER:

DATE(S) OF EVENT:

TIME:

EVENT LOCATION:

EXPECTED ATTENDANCE:

NUMBER OF PARKING SPACES:

ENTERTAINMENT

DESCRIBE ALL FORMS OF ENTERTAINMENT:

FOOD/ LIQUOR

WILL FOOD BE SERVED?

YES NO

WILL LIQUOR BE SERVED?

YES NO

IF YES, DO YOU CURRENTLY HOLD A VILLAGE LIQUOR LICENSE? YES NO

MAY REQUIRE AN ADDITIONAL LIQUOR LICENSE FROM THE VILLAGE AND THE ILLINOIS LIQUOR COMMISSION

SECURITY

EXPLAIN THE STEPS TAKEN TO MONITOR NUMBER OF PERSONS IN ATTENDANCE:

EXPLAIN HOW WILL PEDESTRIAN TRAFFIC BE CONTROLLED:

EVENT/ OPEN AIR/ PARADE APPLICATION

SECURITY (CONTINUED)

WILL ANY ADDITIONAL VEHICLE TRAFFIC CONTROL BE IN PLACE? IF YES, PLEASE EXPLAIN.

PARADE DETAIL

ASSEMBLY TIME:

ASSEMBLY LOCATION:

STARTING POINT:

ENDING POINT:

IS ALL OR ONLY A PORTION OF, THE WIDTH OF THE STREETS, PROPOSED TO BE TRAVERSED? PLEASE EXPLAIN:

NUMBER OF FLOATS/ VEHICLES:

NUMBER AND TYPE OF ANIMALS:

SUPPORTING DOCUMENTATION

CERTIFICATES OF INSURANCE ATTACHED: [] YES [] N/A
(Must Provide a certificate naming the Village of Round Lake and its agents as additionally insured, and a certificate naming the Round Lake Area Fire Protection District and its agents as additionally insured.

PARADE ROUTE ATTACHED: [] YES [] N/A

SITE PLAN ATTACHED: [] YES [] N/A

BLOCK PARTY ACKNOWLEDGEMENT : [] YES [] N/A

HOLD HARMLESS

TO THE FULLEST EXTENT PERMITTED BY LAW, THE ORGANIZATION HEREBY AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, AGAINST ALL INJURIES, DEATHS, LOSS, DAMAGES, CLAIMS, PATENT CLAIMS, SUITS, LIABILITIES, JUDGMENTS, COST AND EXPENSES, WHICH MAY IN ANY WAY ACCRUE AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, ARISING IN WHOLE OR IN PART OR IN CONSEQUENCE OF THE EVENT, AND/OR ITS EMPLOYEES, AND OR SUBCONTRACTORS' PARTICIPATION IN EVENT, OR WHICH MAY IN ANY WAY RESULT THEREFORE. THE ORGANIZATION SHALL, AT ITS OWN EXPENSE, APPEAR, DEFEND AND PAY ALL CHARGES OF ATTORNEYS AND ALL COSTS AND OTHER EXPENSES ARISING THEREFORE OR INCURRED IN CONNECTION THEREWITH, AND, IF ANY JUDGMENT SHALL BE RENDERED AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, IN ANY SUCH ACTION, THE ORGANIZATION SHALL, AT ITS OWN EXPENSE, SATISFY AND DISCHARGE THE SAME.

THE ORGANIZATION EXPRESSLY UNDERSTANDS AND AGREES THAT ANY PERFORMANCE BOND OR INSURANCE POLICIES REQUIRED BY THE VILLAGE OF ROUND LAKE, OR OTHERWISE PROVIDED BY THE ORGANIZATION SHALL IN NO WAY LIMIT THE RESPONSIBILITY TO INDEMNIFY, KEEP AND SAVE HARMLESS AND DEFEND THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES AS HEREIN PROVIDED.

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE

POLICE DEPARTMENT [] APPROVED [] NOT APPROVED [] COMMENTS ATTACHED

FIRE DISTRICT [] APPROVED [] NOT APPROVED [] COMMENTS ATTACHED

SIGNATURE OF VILLAGE REPRESENTATIVE

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/15/2018

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:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Vendor / Contractor Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES CERTIFICATE NUMBER: Cert ID 6467 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 (MM/DD/YY)	POLICY E (MM/DD/YY)	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	12345678	1/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 RENTED (Ea occurrence) \$ 100,000 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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 \$			987654321	12/31/2017	12/31/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	56789	12/31/2017	12/31/2018	PER STATUTE OTH-ER 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)
Additional Insured with respects to General Liability, Auto Liability and Umbrella Liability when required in a signed written contract: Village of Round Lake
General Liability coverage is on a primary and non-contributory basis
Waiver of Subrogation in favor of the additional insured with respects to General Liability and Workers Compensation when required in a signed written contract.

CERTIFICATE HOLDER Village of Round Lake 442 N. Cedar Lake Rd. Round Lake IL 60073	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

Victims of slavery and human trafficking are protected under United States and Illinois law

If you or someone you know:

- Is being forced to engage in any activity and cannot leave, whether it is:
 - Commercial sex industry (street prostitution, strip clubs, massage parlors, escort services, brothels, internet),
 - Private Homes (housework, nannies, servile marriages),
 - Farm work, landscaping, construction,
 - Factory (industrial, garment, meat-packing),
 - Peddling rings, begging rings, or door-to-door sales crews
 - Hotel, retail, bars, restaurant work or
 - Any other activity
- Had their passport or identification taken away or
- Is being threatened with deportation if they won't work

National Human Trafficking Resource Center

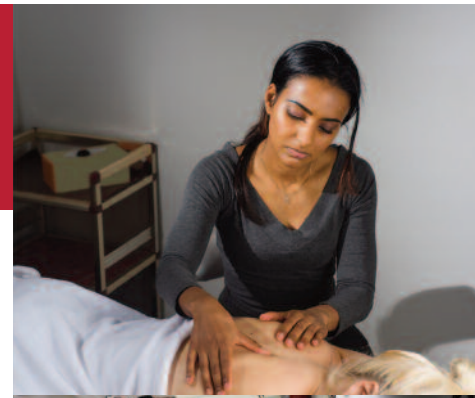
1-888-373-7888

Or Text "HELP" to 233733
to access help and services.

The hotline is:

- Available 24 hours a day, 7 days a week.
- Toll-free.
- Operated by nonprofit nongovernmental organizations.
- Anonymous and confidential.
- Accessible in more than 160 languages.
- Able to provide help, referral to services, training, and general information.

For more information: www.TraffickingResourceCenter.org



Las víctimas de esclavitud y trata de personas están protegidas bajo las leyes de Estados Unidos y de Illinois

Si usted o alguien que usted conoce:

- Es forzado a participar en cualquier actividad y no puede dejarla, ya sea de:
 - La industria del sexo comercial (prostitución callejera, clubes, salas de masaje, servicios de acompañante, burdeles, Internet)
 - Residencias privadas (trabajo doméstico, cuidado de niños, matrimonios serviles)
 - Trabajo en fincas, jardinería, construcción.
 - Fábricas (industrial, textil, empaqueo de carnes).
 - Grupos de venta ambulante, limosneros o grupos de ventas callejeras
 - Hoteles, tiendas, bares, trabajo en restaurantes o
 - Cualquier otra actividad.
- Le quitaron su pasaporte u otra forma de identificación.
- Le amenazan con deportación si rehúsa trabajar.

Centro Nacional de Recursos Para la Trata de Personas

1-888-373-7888

O para acceso a servicios y ayuda,
envíe un texto con la palabra "HELP" al 233733

La línea:

- Está disponible las 24 horas del día, los 7 días de la semana.
- Es gratis
- Está operada por organizaciones no gubernamentales sin fines de lucro.
- Es anónima y confidencial.
- Está disponible en más de 160 idiomas diferentes.
- Puede brindar ayuda, recomendar otros servicios, proveer adiestramiento e información general.

Para más información: www.TraffickingResourceCenter.org

BLOCK PARTY ACKNOWLEDGEMENT

**** ONLY ONE SIGNATURE PER ADDRESS ****

BLOCK PARTY DATE: _____ STREET: _____

HOLD HARMLESS

TO THE FULLEST EXTENT PERMITTED BY LAW, THE PERSON(S) AND/OR ORGANIZATION HEREBY AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE VILLAGE OF ROUND LAKE, THE GREATER ROUND LAKE AREA FIRE PROTECTION DISTRICT, THE FOX LAKE FIRE PROTECTION DISTRICT, ITS OFFICIALS, AGENTS AND EMPLOYEES, AGAINST ALL INJURIES, DEATHS, LOSS, DAMAGES, CLAIMS, PATENT CLAIMS, SUITS, LIABILITIES, JUDGMENTS, COST AND EXPENSES, WHICH MAY IN ANY WAY ACCRUE AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, ARISING IN WHOLE OR IN PART OR IN CONSEQUENCE OF THE EVENT, AND/OR ITS EMPLOYEES, AND OR SUBCONTRACTORS' PARTICIPATION IN EVENT, OR WHICH MAY IN ANY WAY RESULT THEREFORE. THE PERSON(S) AND/OR ORGANIZATION SHALL, AT ITS OWN EXPENSE, APPEAR, DEFEND AND PAY ALL CHARGES OF ATTORNEYS AND ALL COSTS AND OTHER EXPENSES ARISING THEREFORE OR INCURRED IN CONNECTION THEREWITH, AND, IF ANY JUDGMENT SHALL BE RENDERED AGAINST THE VILLAGE OF ROUND LAKE, ITS OFFICIALS, AGENTS AND EMPLOYEES, IN ANY SUCH ACTION, THE PERSON AND/OR ORGANIZATION SHALL, AT ITS OWN EXPENSE, SATISFY AND DISCHARGE THE SAME.

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PLEASE USE ADDITIONAL PAGE WHERE NECESSARY