

## Special Event Application Form

Return completed form to Roscoe Police Department \* 10595 Main St. \* PO Box 312 \* Roscoe, IL 61073

■ Assembly □ Block Part	y   Neighborhood Garage Sale
Name of the Event and Sponsoring Organization	1:
Rock Valley Radio Control Flying Clu	ıb
Nature of Event:	
Radio Control Float Flying of Model F	Planes
Location of Event: Chicory Ridge Way Po	ond Projected Attendance: 30 or more
Address of Organizer:	Phone Number: 200 440 0001
Event Date(s): August 24, 2024	
Event Hours: 8AM am/pm unt	il 3PM am/pm
Setup/Assembly Date: August 24 2024	Start Time: 8AM am/pm
Dismantle Date: August 24 2024 am/pm	Completion Time: 3PM am/pm
Please describe, in specific details, the scope of (submit separate document if necessary)  Set up area limited to area inside the Chick	
Will this event require use of fireworks? Will this event require street closures Will alcohol be served? Will signage be posted? Will food be served?	Yes         ✓No           Yes         ✓No           Yes         ✓No           Yes         ✓No           Yes         ✓No
If answering was to any of the above please pro-	vide separate individual permit applications forms as

If answering yes to any of the above, please provide separate individual permit applications forms as outlined in the Special Event Guidelines and Checklist documents

Phone: (815) 623-2829 \* Fax: (815) 623-1360 \* Email: permits@villageofroscoe.com



## Special Event Application Form

Who is your point of contact for this event? (must be available during entire duration of event)

Name: Robert King	Phone Number:
Email:	
Additional Comments: Contest Director for event	
Applicant Signature:	Date: 5/14/2024
Return completed application to: Roscoe Village Hal 10631 Main Street Roscoe, Illinois 61 permits@villageof	t 073
OFFICIAL	L USE ONLY
Date Filed:	
Village Administrator: Signature	Date:
Village Board (if necessary):	Date:
Application Fee Paid: \$100 Special Event: Nei \$50 Special Event: Ass \$25 Special Event: Blo Cc: Police Department, Public Works, Zoning, H	sembly ock Party Receipt



## Special Event Hold Harmless Agreement

<sub>I.</sub> Robert King		indemnify and hold the	e Village of
including without limitation injuapplicant(s) that may be casually	ry or death to related to any claim, loss or	d expenses whatsoever, for bodily inj agents, employees, servants or volu act of ordinary negligence, intention injury arising out of participation wit	ury or death, nteers of the al, willful or
to be held At Chicory F			
Signed this 14 day of		_, 20	
Robert King			
Name 384 E Riverdale [	r Edge	arton WI 53531	
Address Address	Lage	71011 111 33334	
1 Activess	n		
Witness			



## Special Event Site Plan Exhibit

Please provide a site plan depicting the location of the proposed event, as well all applicable items identified in the Application Checklist. An aerial photograph of the event location will be provided by Village upon request for use by applicant.

