



Special Event
Application Form

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

☒ Assembly ☐ Block Party ☐ Neighborhood Garage Sale

Name of the Event and Sponsoring Organization:

Roscoe Makers Mercantile

Nature of Event:

Outdoor Craft Market

Location of Event: Corner Bridge + Main Projected Attendance: 200+

Address of Organizer: 7579 Blanche Pl. Phone Number [REDACTED]

Event Date(s): 6/21/25

Event Hours: 10-4 am/pm until _____ am/pm

Setup/Assembly Date: 6/21/25 Start Time: ~~10:00~~ 7:30-9:30 am/pm

Dismantle Date: 6/21/25 am/pm Completion Time: 6:00 am/pm

Please describe, in specific details, the scope of your setup/assembly work:
(submit separate document if necessary)

We are tentatively planning to use the back of 5454 Bridge Street to house 10-12 vendors (10x10 tents) the public parking lot for 2-3 food trucks with seating and musical artist, as well as house another 15+ vendors in the corner lot of Bridge St + Main.

Will this event require use of fireworks?

☐ Yes

☒ No

Will this event require street closures

☐ Yes

☒ No

Will alcohol be served?

☐ Yes

☒ No

Will signage be posted?

☒ Yes

☐ No

Will food be served?

☒ Yes

☐ No

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



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

Name: Katie Thompson Phone Number: [REDACTED]
Email: Linktjewelry@gmail.com

Additional Comments:

Applicant Signature:

[REDACTED]

Date:

2/11/25

Return completed application to: Roscoe Village Hall
10631 Main Street
Roscoe, Illinois 61073
permits@villageofroscoe.com

OFFICIAL USE ONLY

Date Filed: _____

Village Administrator: _____ Date: _____
Signature

Village Board (if necessary): _____ Date: _____
Signature

Application Fee Paid: \$100 Special Event: Neighborhood Garage Sale
\$50 Special Event: Assembly
\$25 Special Event: Block Party

Receipt

Cc: Police Department, Public Works, Zoning, HRFPD, WCHD



Special Event
Hold Harmless Agreement

I, Katie Thompson indemnify and hold the Village of Roscoe harmless against any and all liability and expenses whatsoever, for bodily injury or death, including without limitation injury or death to agents, employees, servants or volunteers of the applicant(s) that may be casually related to any act of ordinary negligence, intentional, willful or wanton misconduct and any such claim, loss or injury arising out of participation with the event

known as Roscoe Makers Mercantile

to be held June 21st 2025

Signed this 6th day of March, 20 25

Katie Thompson
Name

7579 Blanche Pl. Roscoe, IL 61073
Address

[Redacted Signature]
Signature

[Redacted Signature]
Witness



(20) 10'x10'
Tents

Restrooms

Picnic
Table
Area

Bridge St

Mary's Shear
Artistry Hair

ge

0532

Ivet Robot
free Lab

Main St



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2025

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 Eckburg Insurance Group, Inc. P.O. Box 15490 Loves Park IL 61132	CONTACT NAME: Guadalupe Alvillar PHONE (A/C, No, Ext): 815-877-4100 E-MAIL ADDRESS: Lupe@eckburg.com FAX (A/C, No): 815-877-6393
INSURED Katie Thompson dba Linkt Jewelry 7579 BLANCHE PL Roscoe IL 61073	INSURER(S) AFFORDING COVERAGE INSURER A : Pekin Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 24228

License#: 100298774
KATIDBA-01**COVERAGES****CERTIFICATE NUMBER:** 1984312961**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		006346603	6/15/2024	6/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Village of Roscoe, its elected and appointed officials, officers, employees, agents and representatives are additional insured on a primary & non-contributory basis (CG2001) in regards to the general liability per form CG5028.

CERTIFICATE HOLDER**CANCELLATION**

Village of Roscoe
10631 Main St
Roscoe IL 61073

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

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