



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:

Louie Palloozh 2025

Nature of Event:

Social Gathering Music Festival

Location of Event: Louie's Tap House

Projected Attendance: 700-750

Address of Organizer: 5684 Elevator Row

Phone Number: 815 270 1020

Event Date(s): August 9th 2025

Event Hours:

12

am/pm

until 10:30

am/pm

Setup/Assembly Date:

August 9th 9am

Start Time:

9

am/pm

Dismantle Date:

August 9th 10am

am/pm

Completion Time:

am/pm

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

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

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Fax: (815) 623-1360

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Email: [permits@villageofroscoe.com](mailto: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: Joe Gineore Phone Number: [REDACTED]  
Email: [REDACTED]

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature:

[REDACTED]

Date:

5-28-25

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

OFFICIAL USE ONLY

Date Filed: 6-3-2025

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, Joe Gincowe 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 Louiepuloom 2025

to be held Louies Tap House

Signed this 28 day of May, 20 25

Joe Gincowe  
Name

5689 Elevator Road

[Redacted]

Signature

[Redacted]

Witness





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2025

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 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).

<b>PRODUCER</b> Keystone II Insurance Agency, Inc 513 S. Phelps Avenue Rockford IL 61108-		<b>CONTACT NAME:</b> Michael J. Purin <b>PHONE (A/C No. Ext):</b> (815) 962-6641 <b>FAX (A/C No.):</b> (815) 962-6652 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Lou's Tap, Inc. 5689 Elevator Rd. Roscoe IL 61073-		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Owners Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			154604-07136971	08/29/2024	08/29/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			40-463-222-00	08/29/2024	08/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	151704-07136973	08/29/2024	08/29/2025	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor liability			154604-07136971	08/29/2024	08/09/2025	\$1,000,000 Limit of insurance

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

<b>CERTIFICATE HOLDER</b> ( ) - ( ) - Village of Roscoe 10531 Main St. Roscoe IL 61073-	<b>CANCELLATION</b> 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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