



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 Lions Club Fall Festival and Parade

Nature of Event:

115th Fall Festival, Community Celebration, Parade and Lions Club Fundraiser

Location of Event: Leland Park (Festival) , Main Street (Parade) Projected Attendance: 10K

Address of Organizer: 9331 Edgefield Phone Number [REDACTED]

Event Date(s): Sept 5, 6, 7, 2025

Event Hours: 9/5 - 5pm -10pm am/pm until 9/6 - 12pm - 10pm am/pm 9/7- 12pm-8pm

Setup/Assembly Date: Sept 2, 3, 4, 2025 Start Time: 7am am/pm

Dismantle Date: Sept 7 - 10pm am/pm Completion Time: Sept 8 - 12PM am/pm

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

Amusement rides, Tents and Trucks for carnival

40' X 100' vendor tent along Harrison St

Food vendors tents and food trucks

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](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: Bill and Gladys Hibbard Phone Number: [REDACTED]  
Email: [REDACTED]

Additional Comments:

Each food vendor is responsible for their own Food Permit from the Winnebago County Health Department

Applicant Signature:

Date:

[REDACTED]

6-17-2025

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

OFFICIAL USE ONLY

Date Filed: 6-17-2025

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  
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.

Event Site Plan:

SEE  
ATTACHED

Broad Street Closed

FOURTH STREET CLOSED

Stage

Concession Stand

Port-a-Potty

Beer Tent

Driveway

Leland Park

Restroom

Skinner

E L E C

ATM

Shelter

Cafe

Bingo Tent

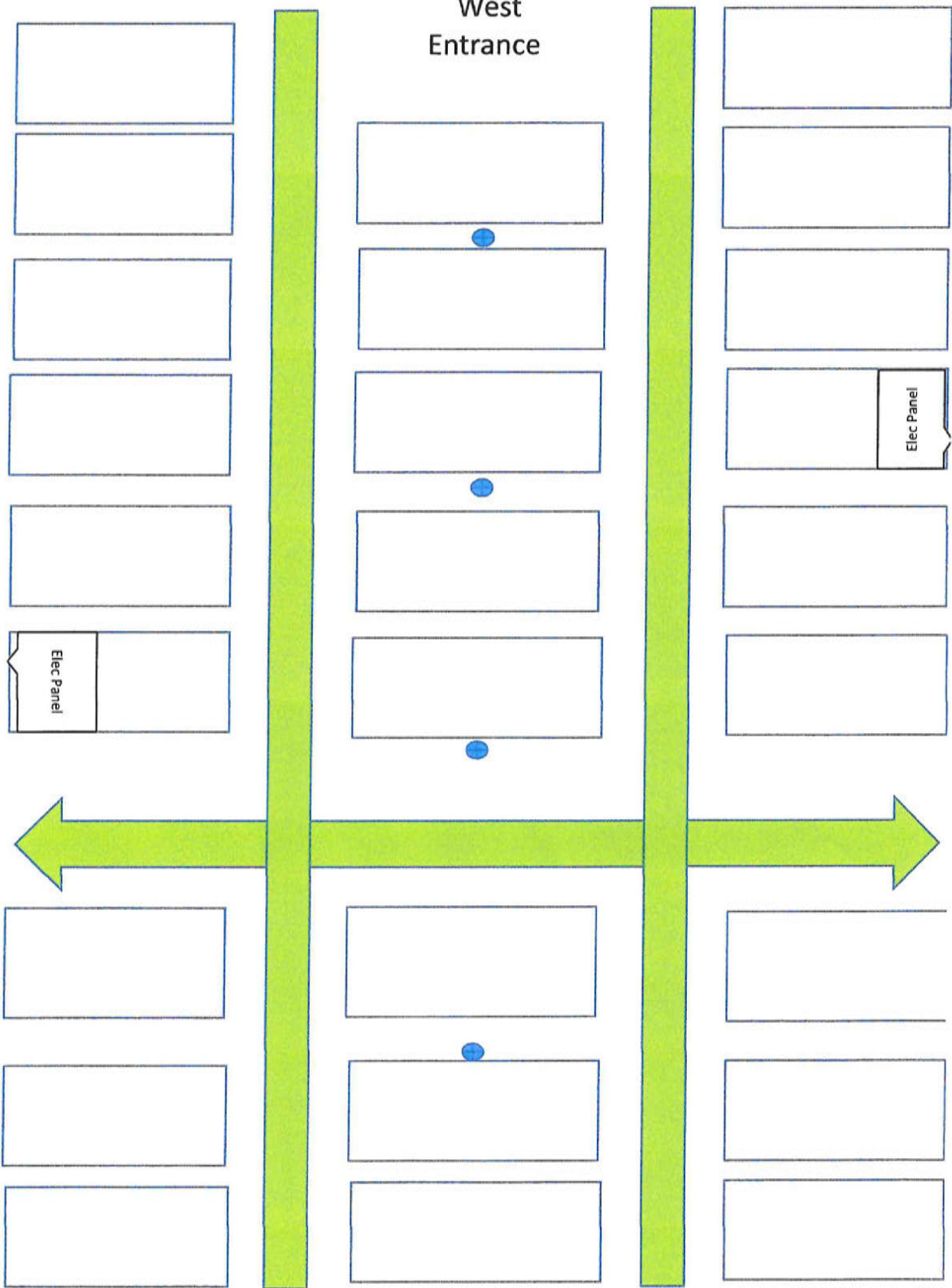
Tent 120' X 40"

Harrison Street

THIRD STREET



West  
Entrance





Special Event  
Hold Harmless Agreement

[REDACTED]  
Roscoe Lions Club

I, \_\_\_\_\_ 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 Lions Club Fall Festival & Parade

to be held Sept 5, 6, 7, 2025

Signed this 17<sup>TH</sup> day of JUNE, 2025

Roscoe Lions Club (Bill Hibbard)

Name

P O Box 304, Roscoe IL 61073

Address

[REDACTED]

Signature

[REDACTED]

Witness



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2024

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>  DSP Insurance Services, Inc. 1900 E. Golf Rd., Ste. 225 Schaumburg, IL 60173	<b>CONTACT NAME:</b> Bryan Adams	
	<b>PHONE (A/C, No, Ext):</b> 1-800-316-6705 <b>FAX (A/C, No):</b> 847-934-6186	
	<b>E-MAIL ADDRESS:</b> lionsclubs@dspins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: ACE American Insurance Company	22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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 SUBR INSR 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 <input checked="" type="checkbox"/> Agg. Per Named Insured is \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		HDOG48914445	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/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		ISAH10835549	09/01/2024	09/01/2025	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 \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				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	<input type="checkbox"/> Y/N N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Roscoe Lions Club Fall Festival, September 2-10, 2024

\*\*\* Village of Roscoe, its elected & appointed officials, officers, employees, agents and representatives are listed as additional insureds on a primary non-contributory basis\*\*\*

is included as an Additional Insured(s), but only with respect to General Liability arising out of the issuance of permit(s) to the Insured shown above and not out of the sole negligence of said additional insured.

Roscoe Lions Club Fall Festival

PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES

<b>CERTIFICATE HOLDER</b>  Village of Roscoe 10631 Main St Roscoe Illinois 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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