



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:

Rock Valley Radio Control Flying Club

Nature of Event:

Radio Control float flying of model planes

Location of Event: Chicory Ridge Way (Pond) Projected Attendance: 30 or Slightly more

Address of Organizer: [REDACTED] Phone Number: [REDACTED]

Event Date(s): June 21, 2025

Event Hours: 8AM am/pm until 3PM am/pm

Setup/Assembly Date: June 21, 2025 Start Time: 7:30AM am/pm

Dismantle Date: June 21, 2025 am/pm Completion Time: 4:00PM am/pm

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

Set-up consists organizing parking in park area and setting up registration in the shelter, and assisting flyers to the flying area by the pond.

Will this event require use of fireworks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this event require street closures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will alcohol be served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will signage be posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will food be served?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) 623-7338 * Fax: (815) 623-7254 * Email: shawley7894@roscoepolice.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: [REDACTED]
Email: [REDACTED]

Additional Comments:

Insurance will be obtained through The AMA and a certificate on same will be presented to

City of Roscoe. Additional Event insurance for this event.

No Roads will be blocked. All flyers must be AMA members and adhere to their rules on conduct.

Date:

1-20-2025

Return completed application to: Roscoe Police Department
10595 Main Street
Roscoe, Illinois 61073
shawley7894@roscoepolice.com

OFFICIAL USE ONLY

Date Filed: 1-31-2025

Police Department: _____
Signature Date

Village Board: _____
(if necessary) Signature Date

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

01A
Receipt

Cc: Public Works, Zoning, HRFPD, WCBD

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:





Special Event
Hold Harmless Agreement

I, Robert King 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

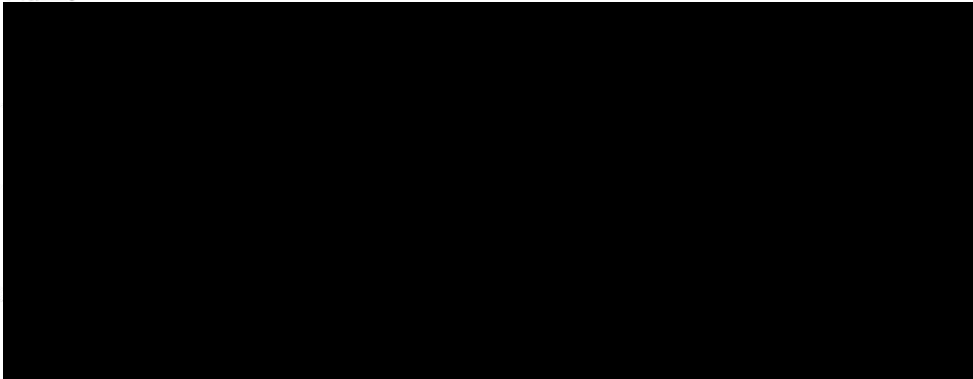
known as Rock Valley R C Flyers Float Fly

to be held at Chicory Ridge Pond

Signed this 30th day of January, 2025

Robert King

Name



Fee FOR FLOAT FLY SANCTION JUNE 21 2025

SANCTION #17742
RECEIPT FOR INSURANCE

This message is to confirm the receipt of your recent order.

Name: Mr ROBERT B KING

Date: 1/13/2025

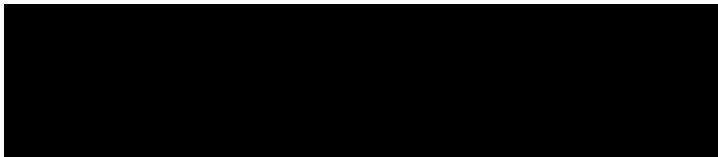
Invoice #: 978467

Invoice Date: 1/13/2025 11:43:54 PM

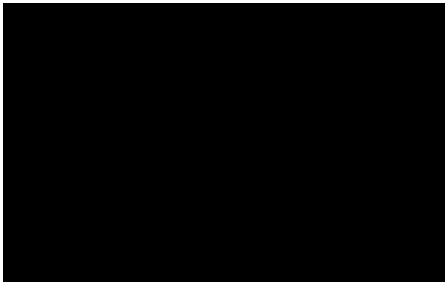
Total: 60.00

Payment amount: 60.00

Balance: 0.00



Bill To:



THIS IS: THE
RECEIPT THE
INSURANCE FOR THE
EVENT IS PAID.

THE ACTUAL CERTIFICATE
WILL NOT BE ISSUED
UNTIL LATE FEBRUARY OR
EARLY MARCH, THAT WILL
BE FOWARDED AS SOON AS
I GET IT.
Bob King

Customer	Qty	Item	Price	Discount	Taxes	Shipping	Sub- Total	Paid	Balance
KING, ROBERT B	1.00	Sanction Fee - Class A, AA, AAA, AAAA, B, C, C Restricted, D, FAI Team Selection	35.00	0.00	0.00	0.00	35.00	35.00	0.00
KING, ROBERT B	1.00	Insurance Certificate Fee	25.00	0.00	0.00	0.00	25.00	25.00	0.00