

Special Event Application Form

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

■ Assembly □ Block Party	√ □ Neig	ghborhood Gara	ge Sale
Name of the Event and Sponsoring Organization:			
Rock Valley Radio Control Flying Club)		
Nature of Event:			
Radio Control float flying of model plan	nes		77- 4
Location of Event: Chicory Ridge Way (Po	nd) Proje	ected Attendance: 30 or SI	ightly more
Address of Organizer: (PContest Director)384 E Riverdale	Dr Edgerton, WI	hone Number: 608-449	-3361
Event Date(s): June 22, 2024			
Event Hours: 8AM am/pm until	3PM	am/pm	
Setup/Assembly Date: June 22, 2024		7:30AM	_ am/pm
Dismantle Date: June 22, 2024 am/pm	Completion'	Time: 3:00PM	am/pm
Please describe, in specific details, the scope of yo (submit separate document if necessary) Set-up consists organizing parking in park area and set the flying area by the pond.	-		sting flyers to
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 provid outlined in the Special Event Guidelines and Checl			forms as

Fax: (815) 623-7254

Email: shawley7894@roscoepolice.com

Phone: (815) 623-7338



Special Event Application Form

e during entire duration of event)
ne Number:608-449-3361
tificate on same will be presented to ance is good for the entire year. The description of the conduct of the
Date:
03/05/2024
om
LY
Date
Date
Garage Salc Receipt

Fax: (815) 623-7254

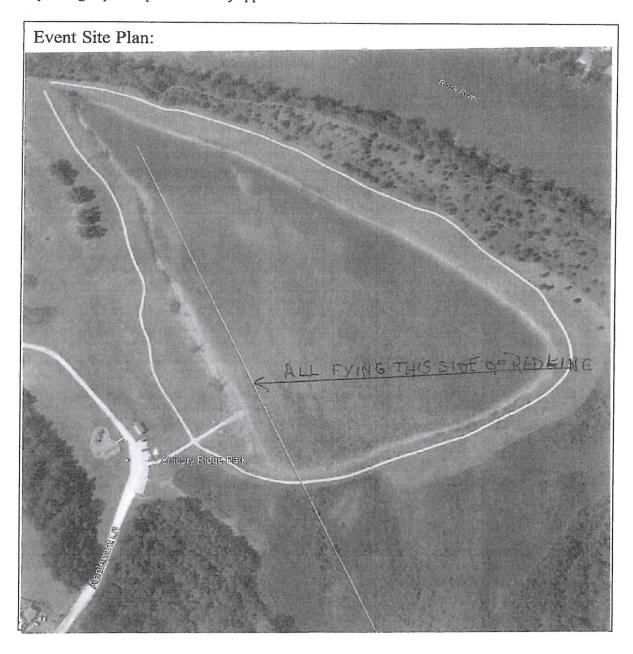
Phone: (815) 623-7338

Email: shawley7894@roscoepolice.com



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.





10631 MAIN STREET

PHONE: 815-623-2829 FAX: 815-623-1360 EMAIL: frontdesk@villageofroscoe.com

TEMPORARY SIGN/BANNER PERMIT APPLICATION

SIGN LOCATION (exact address) 1.comer of Chicory Ridge way and R	loscoe Rd. 2. Applemint Ln at enterance to Chicory Ridge Park
BUSINESS NAME Rock Valley RC Flye	rs
BUSINESS ADDRESS 3215 Harrison Rd.	Rockford,IL 61101
MOBILE Club Sec. 815-871-5202 EMAIL	brian.kobi@Yahoo.com
REASON FOR TEMPORARY SIGN/BANNER Notification of event. Directions t	
DATE FOR PLACEMENT June 22, 2024	
DATE FOR REMOVAL June 22, 2024	
SIZE OF BANNER LENGTH HEIGHT SIZE OF SIGN LENGTH Both 4' HEIGHT	3'
Concurrent display. All nonresidential developments shall concurrently. Display period. The permitted display period of a temporal 30 days. A total of three nonconcurrent display periods shall be perbuilding per calendar year. Nonconcurrent display periods	ry sign in a nonresidential district shall be a maximum of mitted per single-tenant building or unit of a multitenant
THE UNDERSIGNED HEREBY CERTIFIES THAT COMPLETE AND CORRECT TO THE BEST OF M REMOVE TEMPORARY SIGN BY THE REMOVAL DATE.	Y KNOWLEDGE. THE APPLICANT AGREES TO
SI	John Cinc 03/05/2024 IGNATURE DATE
FOR OFFICE USE ONLY	
DATE	PROPERTY ZONED
	TOWNSHIP
PERMIT APPROVED/NOT APPROVED	Zoning Administrator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/29/2024

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 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).

t	his certificate does not confer rights	to th	e cer	tificate holder in lieu of s			s).				
	DUCER				CONT/ NAME:						
	IIC O. Box 45279				PHONI (A/C, N	E lo, Ext); 402-86	1-7000	FA (A	AX VC, No):		
	maha NE 68145				E-MAIL ADDRI	ESS:					
							SURER(S) AFFO	RDING COVERAGE			NAIC#
					INCIID	ERA: Illinois U					27960
INS	JRED			7			mon madran	oc company			21300
	ademy of Model Aeronautics, Inc.				INSURER B:						
	or Affiliated &/or Associated Charte				INSUR						
	ubs, Chapters & Members Thereof 61 E. Memorial Drive				INSUR						
	incie IN 47302				INSUR						
_					INSUR	ERF:					
_				E NUMBER: 123254101	/= n==			REVISION NUMB			
11 C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER I	DOCUMENT WITH R	RESPEC	T TO V	WHICH THIS
INSR		ADDI	SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	INSL	WVD	G22011534019		3/31/2024	3/31/2025	EACH OCCURRENCE		\$ 1,000,	000
	CLAIMS-MADE X OCCUR					0.01.2021	0,01,2020	DAMAGE TO RENTED		\$ 300,00	2 2
	CLAIMS-MADE 11 OCCOR							PREMISES (Ea occurren			
		-						MED EXP (Any one pers	,	\$0	
								PERSONAL & ADV INJU		\$ 1,000,	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 1,000,	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP		\$ 1,000,	000
	OTHER:	+						COMBINED SINGLE LIM		\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)		\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per pe		\$	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per ac PROPERTY DAMAGE		\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
		1								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$							1000		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER C STATUTE E	OTH- ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPL	LOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	\$	
Α	Excess Liability			G22011546019		3/31/2024	3/31/2025	Limits per Occ General Aggregate		\$1,500 \$4,000	
Villa	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ige of Roscoe is an additional insured, 073 Date: June 22, 2024	LES (A	cord ry and	101, Additional Remarks Scheduld I non-contributing as respe	e, may be	attached if more any additional	space is require insured site (d) owner. Location: 598	8 Apple	emint LI	N. Event
CET	STIFICATE HOLDER				CANO	ELLATION					
UE	RTIFICATE HOLDER			Т	CANC	ELLATION					
	Village of Roscoe 10631 Main St				ACC	EXPIRATION ORDANCE WIT	DATE THE	SCRIBED POLICIES REOF, NOTICE WI PROVISIONS.			
	Roscoe IL 61073			[.	THOM	RIZED REPRESEN	Ine	_			



Special Event Hold Harmless Agreement

Address K.M.C	Name 384 E Riverdale Dr Edgerton, WI 53534	Robert King	Signed this 6 Th day of March 202	to be held at Chicory Ridge Pond	known as Rock Valley R C Flyers Float Fly	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	Roscoe harmless against any and all liability and expenses whatsoever, for bodily injury or death,	Robert King
	53534		20.24		of participation with the event	s, servants or volunteers of the gligence, intentional, willful or	whatsoever, for bodily injury or death,	nifer and hald the Village of

Signature WITNESS Sue

Rock Whiley RC Figles

VILLAGE OF ROSCOE	
10631 MAIN STREET	
ROSCOE IL 61073	

815-623-2829

H	ecei	pt r	NO:	1.0	04427
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Mar 7, 2024

BRIAN KOBISCHKA- RC EVENT

Previous Balance:	.00	
General/Administration - Permits And Fees	50.00	
Total:	50.00	
Checks/Money Orders Check No: 8323 Payor: BRIAN KOBISCHKA- RC EVENT	50.00	
Total Applied:	50.00	
Change Tendered:	.00	

Duplicate Copy

03/07/2024 9:51 AM