



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:

4th Annual Disc Golf For Youth Suicide Prevention; Marshmallow's Hope

Nature of Event:

Disc Golf Fundraiser and Information Event

Location of Event: Porter Park Projected Attendance: 60

Address of Organizer: Laura Kane Phone Number: 847-754-5770

Event Date(s): June 30th, 2024

Event Hours: 8:00 pm until 5:00 am

Setup/Assembly Date: June 30th, 2024 Start Time: 7:00 pm

Dismantle Date: June 30th, 2024 5:00 am Completion Time: 8:00 am

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

We will set up in the cabin at Porter Park we will be posting signs in the ground at most of the Disc Golf starting points, these signs will not require tools to push in or pull out.

After everyone has gone through all the baskets, we will remove the signs and clean up the cabin.

- Will this event require use of fireworks? Will this event require street closures? Will alcohol be served? Will signage be posted? Will food be served?

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



Special Event
Application Form

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

Name: Josh Garcia Phone Number: 815-298-6073

Email: jasuey@gmail.com

Additional Comments:

Applicant Signature:

Handwritten signature

Date:

02/12/24

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

OFFICIAL USE ONLY

Date Filed: _____

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

Receipt

Cc: Public Works, Zoning, HRFPD, WCBD



Special Event
Hold Harmless Agreement

I, Laura Kane 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 Disc Golf for Youth Suicide Prevention

to be held June 30th, 2024

Signed this 12th day of February, 2024

Laura Kane

Name

5062 Safford Rd, Rockford, IL 61101

Address

Laura Kane

Signature

Robert Worth *Robert Worth*

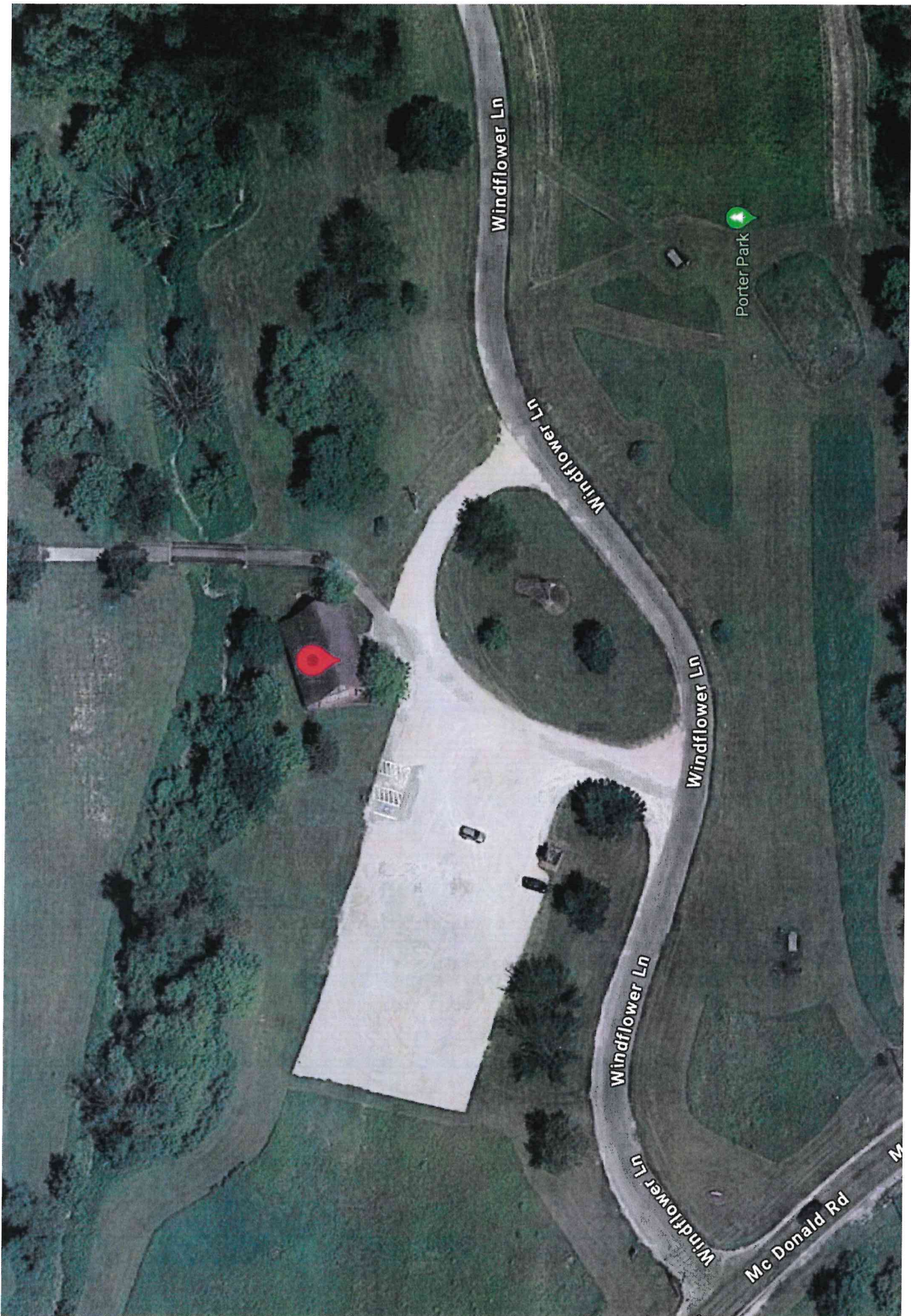
Witness



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
Insurance Certificate

Insurance Requirement Example:

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/3/2021		
<p>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.</p> <p>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).</p>						
PRODUCER Spectrum Insurance Agency Inc. 5301 E State St, Suite 201 Rockford IL 61108			CONTACT NAME: Bonnie Arrington PHONE (A/C, Ho, Ext): 815-986-5318 FAX (A/C, Ho): 815-977-7408 E-MAIL: barrington@spectrumagency.com ADDRESS:			
INSURED Keep Northern Illinois Beautiful Inc. 4665 Hydraulic Road Rockford IL 61108			INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co NAIC # 18025 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			
COVERAGES CERTIFICATE NUMBER: 1537788079 REVISION NUMBER:						
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	EV5351	8/7/2021	8/8/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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) Mud Volleyball - August 7, 2021 The Village of Roscoe, its elected & appointed officials, officers, employees, agents and representatives are listed as additional insured's on a primary non-contingent basis.						
CERTIFICATE HOLDER			CANCELLATION			
Village of Roscoe 10631 Main Street 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 <i>Bonnie Arrington</i>			

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Phone: (815) 623-7338

*

Fax: (815) 623-7254

*

Email: shawley7894@roscoepolice.com



10631 MAIN STREET, ROSCOE, IL 61073
PHONE: 815-623-2829 FAX: 815-623-1360 EMAIL: frontdesk@villageofroscoe.com

PORTER PARK CABIN RENTAL RESERVATION RELEASE & WAIVER

Date of Event: June 30th, 2024 Purpose of Event: Disc Golf for Youth Suicide Prevention

Rental Hours: 8:00 am – 10:00 pm Number of Guests (Max Occupancy 60): 60

Name: Laura Kane

Mailing Address: 5062 Safford Dr, Rockford, IL 61101

Phone: 847-754-5770 Email: Laura@marshmallowshope.org

PORTER PARK CABIN 6545 Windflower Lane, Roscoe

All renters will be required to provide proof of address at the time of reservation.(copy of driver's license) Your reservation is not confirmed until payment has been received.

- Village of Roscoe Resident Rental Fee: \$300.00 (non-refundable)
Non-Resident Rental Fee: \$500.00 (non-refundable)
Charitable Organization

- Capacity not to exceed 60 people
No alcohol allowed
No smoking allowed
Bounce houses and dunk tanks are not permitted
Cabin cannot be rented for commercial or for-profit events
No decorating with helium balloons inside
the cabin
Do not staple, tape or tack to the interior or exterior of the cabin
Charges will apply for damages and any cleaning that has to be done
No food or drink upstairs
No unsupervised children upstairs

An electronic key fob gives you access to the cabin from 8am-10pm on your rental date only. You must pick up the key fob from Village Hall on the business day preceding your event. Key fobs must be returned to Village Hall the business day following your event.

The responsible party/renter agrees to hold harmless the Village of Roscoe, its employees and officials from and against any and all claims, suits, actions, damages and/or causes of action arising during the term of this agreement for any personal injury, loss of life, property and/or damage to property sustained in, on or about the said premises, and from and against all costs, expenses and liability incurred for any such claims, the investigation thereof, or the defense of any action or process brought thereon and from and against any orders and/or judgements that may be entered therein.

The responsible party/renter further agrees to adhere to the rules and regulations of the Village of Roscoe and to be responsible for any damages to the property and/or facility that are a result of any action(s) of the participants at the function for which the facility is rented or reserved.

Applicant's Signature: Kane Date: 2/12/24

Office use only

Method of Payment: Cash Check Credit Card Receipt Number:

Cabin Key # Key picked up by: Date:

Employee Initials: Key returned by: Date:

Cabin Cleaning Checklist

Complete the following before you leave the cabin:

- Tables and chairs are cleaned and stacked
- Kitchen area is clean
- Refrigerator/Freezer emptied
- Bathrooms are clean
- Indoor trash bags get placed in the trash containers on the patio
- Windows are closed and locked
- Front and back door are locked
- Turn the lights off
- Please leave the yellow key fob that keeps the door unlocked in the cabin.
- RETURN THIS PACKET WITH KEY TO VILLAGE HALL ON MONDAY BETWEEN 9-5**

Was the cabin clean when you arrived?

Suggestions or comments:

By signing below, I acknowledge that I have read and understand all the conditions of use and that I will complete the cabin cleaning checklist above.

Renter's Signature:

Any problems on the day of your event, please contact Public Works 815-543-9097. For emergencies, call 911.



10631 MAIN STREET
PHONE: 815-623-2829 FAX: 815-623-1360

TEMPORARY SIGN/BANNER PERMIT APPLICATION

SIGN LOCATION (exact address) 6598 Windflower Ln, Roscoe, IL 61073 BUSINESS NAME

Marshmallow's Hope Nonprofit Organization BUSINESS ADDRESS 1280 S Alpine Rd, Rockford,
IL 61108 PHONE 6083529256 MOBILE _____ REASON

FOR TEMPORARY SIGN/BANNER Advertisement/ promotion

DATE FOR PLACEMENT June 30th 2024

DATE FOR REMOVAL June 30th 2024

SIZE OF BANNER LENGTH 8 ft HEIGHT 3 ft

SIZE OF SIGN LENGTH 2 ft HEIGHT 1 ft

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION FURNISHED ABOVE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE APPLICANT AGREES TO REMOVE TEMPORARY SIGN BY THE REMOVAL DATE ABOVE.

Joshua Garcia
SIGNATURE DATE

FOR OFFICE USE ONLY

DATE _____ PROPERTY ZONED _____ TOWNSHIP _____

PERMIT APPROVED/NOT APPROVED _____ Scott L. Sanders,
Zoning Administrator