



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:

114th Annual Fall Festival, Community Celebration, Parade and Lions Club Fundraiser

Location of Event: Leland Park (Festival) and Main St (Parade) Projected Attendance: estimated 10,000

Address of Organizer: Phone Number:

Event Date(s): Sept 6, 7 & 8 2024 (Parade Sept 8)

Event Hours: 5:00pm-10:00pm 9/6 am/pm until 12:00pm-10:00pm 9/7 am/pm 12:00pm-8:00pm 9/8

Setup/Assembly Date: Sept 3, 4 & 5 2024 Start Time: 7:00 am am/pm

Dismantle Date: Sept 9 2024 am/pm Completion Time: Sept 10 12:00pm am/pm

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

Amusement Rides, tents, & trailer setup

40ft x 120ft exhibitors tent along Harrison St

Food Vendor tents and trucks

- 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



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Special Event  
Application Form

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

Name: Bill & Gladys Hibbard Phone Number: [REDACTED]  
Email: [REDACTED]

Additional Comments:

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

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Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

OFFICIAL USE ONLY

Date Filed: \_\_\_\_\_

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



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Special Event  
Hold Harmless Agreement

I, Roscoe Lions Club / Bill Hibbard 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 6 7 & 8

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Roscoe Lions Club / Bill Hibbard

Name

P. O. Box 304 Roscoe, Illinois 61073

Address

Signature

Witness

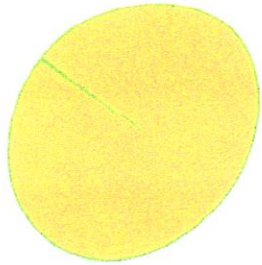
FOURTH STREET CLOSED

Stage

Port-a-Potty

Concession Stand

Beer Tent



Driveway

Broad Street Closed

Leland Park

Restroom

Tent 120' X 40'

Harrison Street

Skinner

E L E C  
ATM

Shelter

Cafe

Bingo Tent

THIRD STREET



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/25/2023

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).

PRODUCER  DSP Insurance Services, Inc. 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173	CONTACT NAME: John Adams
	PHONE (A/C, No, Ext): 1-800-316-6705      FAX (A/C, No): 847-934-6186
	E-MAIL ADDRESS: lionsclubs@dspins.com
	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A: ACE American Insurance Company      22667
INSURED  Roscoe Lions Club Roscoe Illinois	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 <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			HDO G48333205	09/01/2023	09/01/2024	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 - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISA H10778906	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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      Y/N      N/A						WC STATUTORY 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 5, 6, 7, 8, 9, 10, 11, 12, 2023  
\*\*\* The 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.

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

Village of Roscoe 10631 Main Street Roscoe Illinois 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 
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