



Special Event
Application Form

Return completed form to Roscoe Village Hall \* 10631 Main St. \* PO Box 283 \* Roscoe, IL 61073

Assembly Block Party Neighborhood Garage Sale

Name of the Event and Sponsoring Organization:

SDGA Open Presented by Nick Sommer Country Financial (Stateline Disc Golf Association)

Nature of Event:

Disc Golf Tournament

Location of Event: Porter Park Projected Attendance: 72

Address of Organizer: Phone Number

Event Date(s): 9/28/24

Event Hours: 8:00 am am/pm until 6:30 pm am/pm

Setup/Assembly Date: 9/28/24 Start Time: am/pm

Dismantle Date: 9/28/24 am/pm Completion Time: am/pm

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

Four horizontal lines for describing the scope of work.

- 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



Special Event  
Application Form

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

Name: Joshua Garcia Phone Number: [REDACTED]

Email: [REDACTED]

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
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:



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Special Event  
Hold Harmless Agreement

I, Joshua Garcia 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 SDGA Open Presented by Nick Sommer Country Financial to be held September 28, 2024  
Signed this 17 day of April, 202024

Joshua Garcia

Name



Address

Signature

Nick Sommer

Witness



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2024

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).

<b>PRODUCER</b> Ledgestone 410 N. Main Street East Peoria IL 61611	<b>CONTACT NAME:</b> Gabe Meiss <b>PHONE (A/C, No, Ext):</b> 309-266-2507 <b>E-MAIL ADDRESS:</b> gabe@ledgestone.com	<b>FAX (A/C, No):</b> 309-263-2510
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	License#: 20705893 PROFDIS-01	<b>INSURER A :</b> Everest National Insurance Company <b>INSURER B :</b> UNITED STATES FIRE INS CO <b>INSURER C :</b> Hartford Insurance Company of the Midwest <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 1101304471	<b>REVISION NUMBER:</b>
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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 INSD	SUBR 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	SI8ML03323241	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML03323241	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		SI8EX02603241	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	39WECAO1126	9/6/2023	9/6/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	Participant Accident Participant Liability			US2092286 SI8ML03323241	1/1/2024 1/1/2024	1/1/2025 1/1/2025	Accident Aggregate 25,000 Per Occurrence 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate holder is an additional insured on the General Liability and Excess Liability policies if required by a written contract with the insured, only to the extent provided in policy forms ECG 20 600 and EUM 00 522, which are attached. The General Liability and Excess Liability policies contain Primary and Noncontributory provisions, only to the extent provided in policy forms ECG 24 520 and EUM 04 590, which are attached. The General Liability policy contains a Waiver of Subrogation provision, only to the extent provided in policy form ECG 04 704, which is attached.

**CERTIFICATE HOLDER****CANCELLATION**

Village of Roscoe 10631 Main St 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 
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10631 MAIN STREET

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

TEMPORARY SIGN/BANNER PERMIT APPLICATION

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

BUSINESS NAME Nick Sommer Country Financial

BUSINESS ADDRESS 10514 Main St, Roscoe, IL 61073

MOBILE [REDACTED] EMAIL [REDACTED]

REASON FOR TEMPORARY SIGN/BANNER

Sponser advertisement

DATE FOR PLACEMENT September 28, 2024

DATE FOR REMOVAL September 28, 2024

SIZE OF BANNER LENGTH 2' HEIGHT 2'

SIZE OF SIGN LENGTH 2' HEIGHT 2'

Concurrent display. All nonresidential developments shall be permitted to display three temporary signs of any type concurrently.

Display period. The permitted display period of a temporary sign in a nonresidential district shall be a maximum of 30 days.

A total of three nonconcurrent display periods shall be permitted per single-tenant building or unit of a multitenant building per calendar year. Nonconcurrent display periods shall be separated by a minimum of 30 days.

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.

SIGNATURE [Handwritten Signature] DATE 6/28/24

FOR OFFICE USE ONLY
DATE
PROPERTY ZONED
TOWNSHIP
PERMIT APPROVED/NOT APPROVED
Zoning Administrator