



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:

MEMORIAL DAY PARADE / VFW POST 2955

Nature of Event:

PARADE

Location of Event: Roscoe - main Street Projected Attendance: 250

Address of Organizer: 11385 2nd Street Phone Number: (815) 623-7663

Event Date(s): Monday - May 26, 2025

Event Hours: 9:00 ☒ am/pm until NOON am/pm

Setup/Assembly Date: May 26, 2025 Start Time: 9:00am ☒ am/pm

Dismantle Date: May 26, 2025 am/pm Completion Time: NOON am/pm

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

Coordinate Line up of parade participants

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

Phone: (815) 623-2829

*

Fax: (815) 623-1360

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Email: permits@villageofroscoe.com



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

Name: Ruben Hernandez Phone Number: [REDACTED]
Email: [REDACTED]

Additional Comments:

Applicant Signature:

[REDACTED]

Date:

02/10/2025

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

OFFICIAL USE ONLY

Date Filed: 2-27-2025

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



Special Event
Hold Harmless Agreement

I, Ruben Hernandez 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 NFW Post 7455

to be held Main St, Roscoe, IL

Signed this 10 day of February, 2025

Ruben Hernandez
Name

14380 Dorr Rd P. So. Beloit, IL 61080
Address

[Redacted Signature]

Witness [Signature]



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.

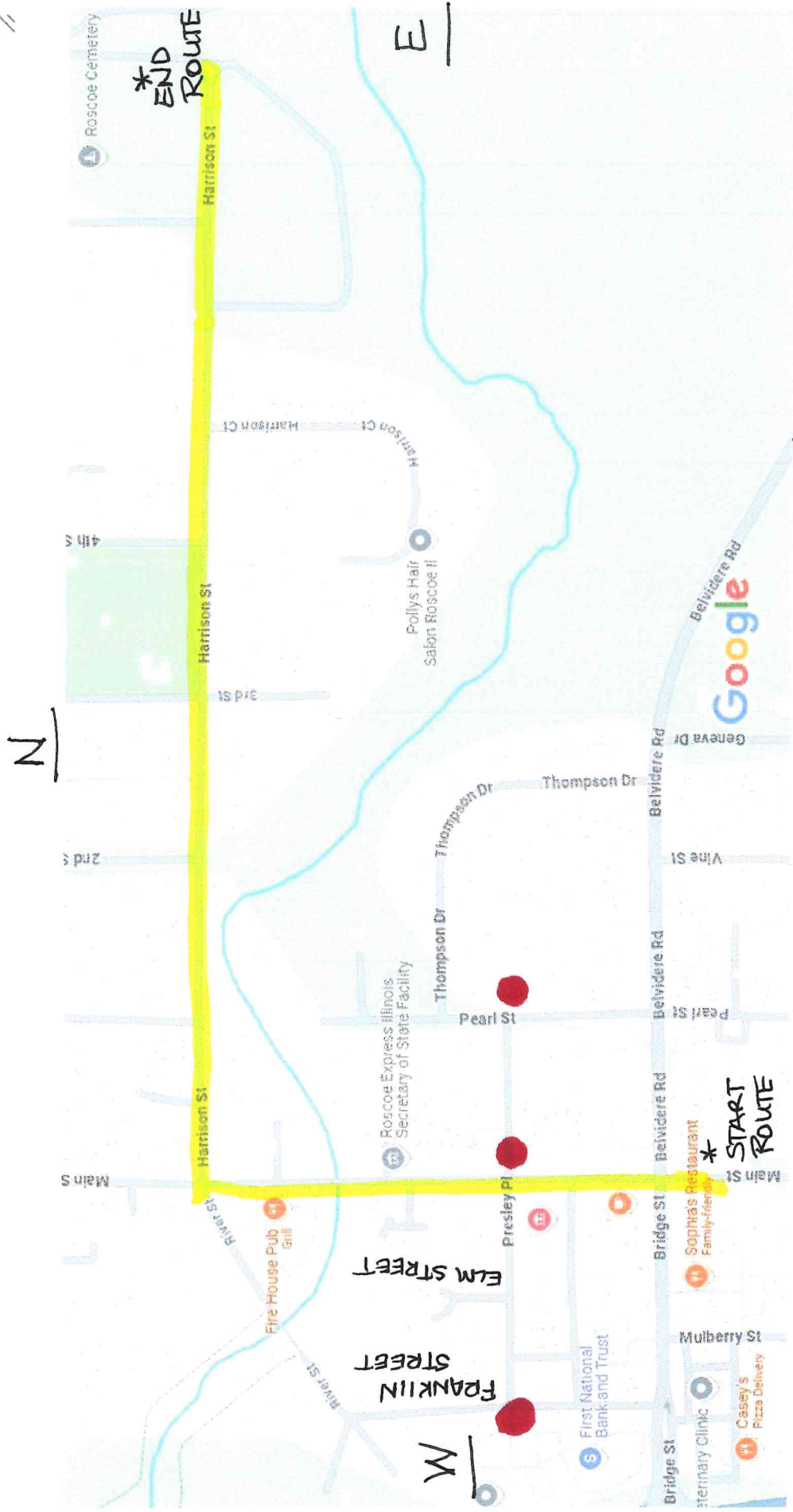
Event Site Plan:

Please see attached map

*Thank
you!*

VFW MEMORIAL PARADE ROUTE MAP - MONDAY, MAY 26, 2025

Google Maps

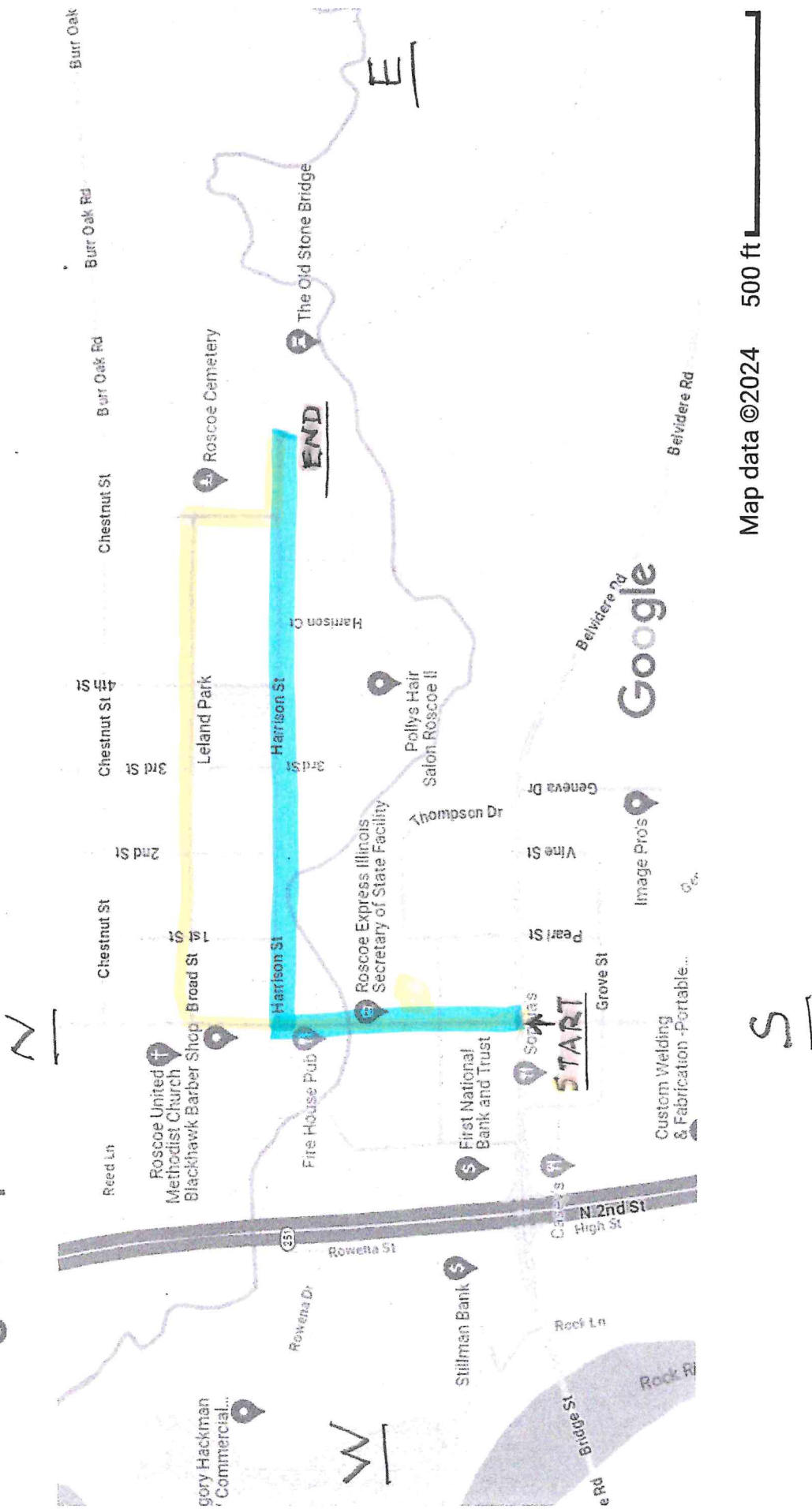


Map data ©2025 Google 200 ft

= PARADE ROUTE

= BARACADES: FRANKLIN ST / PRESLEY ST
PRESLEY ST / PEARL ST

Google Maps



parade Route



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/11/2024

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).

PRODUCER GATEWAY CITY INSURORS LLC d/b/a GATEWAY INSURANCE 9302 GRAVOIS RD ST LOUIS MO 63123	CONTACT NAME: BRAD BEINEKE PHONE (A/C, No, Ext): 314-631-5111 FAX (A/C, No): 314-631-5115 E-MAIL: brad@gatewaycanhelp.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: U.S. INSURANCE COMPANY OF AMERICA INSURER B: MARKEL INSURANCE COMPANY INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ROSCOE VFW POST #2955 11385 2ND ST ROSCOE IL 61073	NAIC #

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 SUBR INSD 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:	X	20IL0000103BOP	08/01/2024	08/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		NO COVERAGE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$		NO COVERAGE			EACH OCCURRENCE \$ AGGREGATE \$
B	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 Y	MWC0171938	08/01/2024	08/01/2025	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	LIQUOR LIAB @ 11385 2ND ST ROSCOE IL 61073	X	20IL0000103BOP	08/01/2024	08/01/2025	EA OCCURRENCE 1,000,000 AGGREGATE 1,000,000

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

A Veterans Fraternal, civic, non-profit organization philanthropically fund raising for the benevolence of Veterans and the Community. The Auxiliary and other groups associated in the Post are additional insured's.

The additional insured is listed below for general liability & liquor liability.

CERTIFICATE HOLDER

CANCELLATION

Veterans of Foreign Wars of the United States 406 W 34th St Kansas City MO 64111	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 Brad W. Beineke
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