



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:

VFW Post 2955 Memorial Day PARADE

Nature of Event:

PARADE

Location of Event: ROSCOE IL Projected Attendance:

Address of Organizer: VFW POST 2955 Phone Number: 815 623 7663

Event Date(s): 5/27/24

Event Hours: 10:00 AM am/pm until am/pm

Setup/Assembly Date: 5/27 Start Time: 10:00 am/pm

Dismantle Date: am/pm Completion Time: am/pm

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

START SET UP TIME 9:30 AM MAIN + BRIDGE ST PARADE START TIME 10:00 AM

- 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: Ruben Hernandez Phone Number: 210 275 1490

Email: _____

Additional Comments:

UFW Post 2955 Commander Ruben Hernandez

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

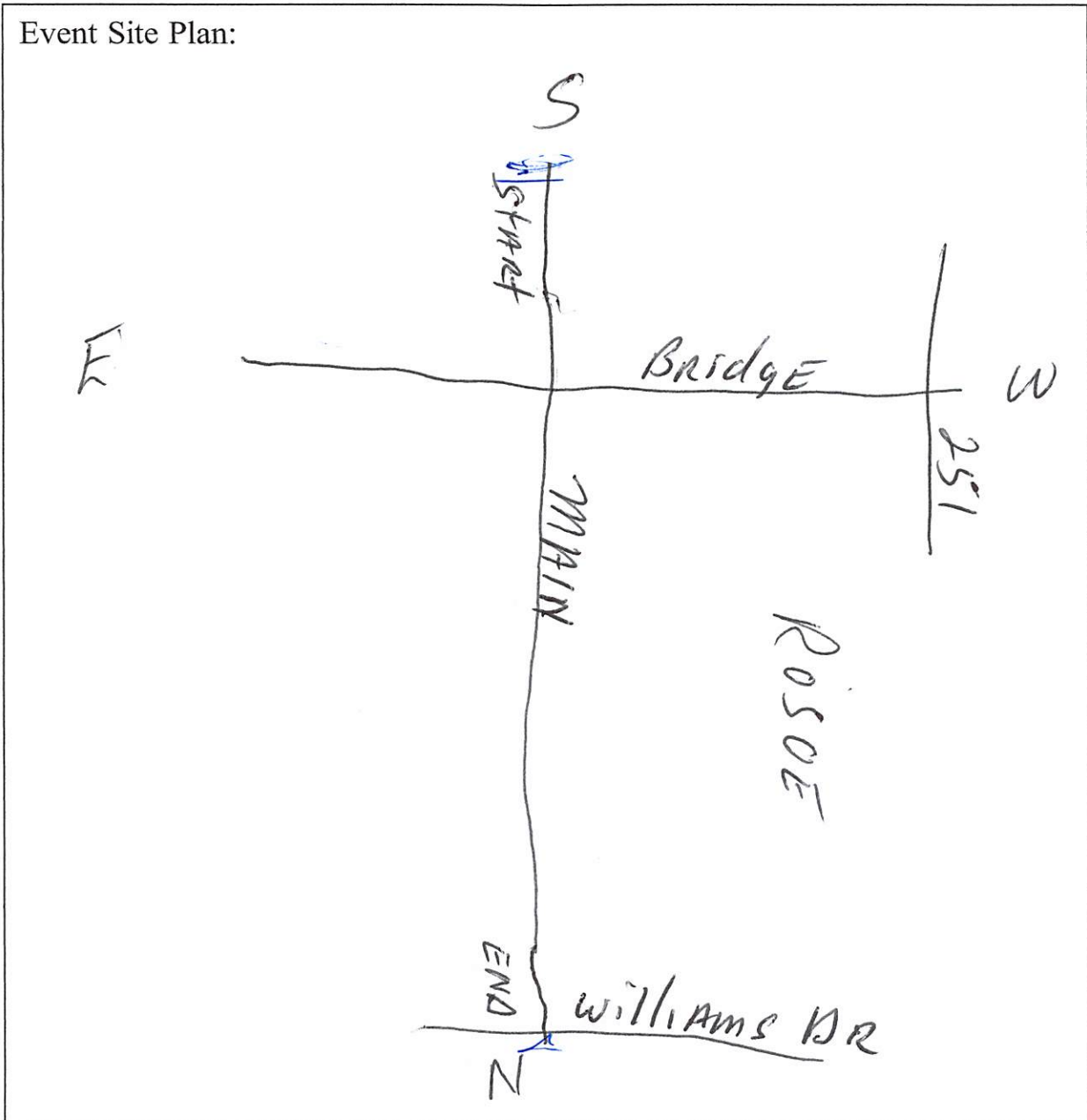
Receipt

Cc: Police Department, Public Works, Zoning, HRFPD, WCHD

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
Hold Harmless Agreement

I, RUBEN HERNANDEZ VFW 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 MEMORIAL DAY PARADE

to be held 5/27/24

Signed this 14 day of MARCH, 20 24

Ruben Hernandez
Name

1329 W. 2nd St, Roscoe, IL 61073
Address

Ruben Hernandez
Signature

Bill G
Witness



Special Event Insurance Certificate

Insurance Requirement Example:

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8/3/2021		
<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 No, Ext): 815-988-5318 FAX (A/C No): 815-977-7408 E-MAIL ADDRESS: barrington@spectrumagency.com				
INSURED Keep Northern Illinois Beautiful Inc. 4665 Hydraulic Road Rockford IL 61109		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>						
INSUR LTR	TYPE OF INSURANCE	ADDRESS (INSR) (VVD)	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	Y / N	N/A			PER STATUTE OTH-ER 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-contributory basis.						
CERTIFICATE HOLDER				CANCELLATION		
Village of Roscoe 10631 Main Street Roscoe IL 61073				SHOULD ANY OF THE ABOVE THE EXPIRATION DATE T ACCORDANCE WITH THE POL		
				AUTHORIZED REPRESENTATIVE <i>Bonnie Arrington</i>		

Include event name, date and the following language: The Village of Roscoe, its elected and appointed officials, officers, employees, agents and representatives are listed as additional insureds on a primary non-contributory basis.

ACORD 25 (2016/03)

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