

WHEN: SATURDAY, MAY 20, 2017
TIME: 9:00 A.M. TO 3:00 P.M.
WHERE: DOWNTOWN
(MAIN STREET, WEST CHICAGO)



WHAT: 10' x 10' SPACE
COST: \$50.00 plus \$75.00 refundable deposit
(electrical fee: additional \$25 - required for most food vendors)
Deposit is forfeited if vendor does not show on day of event or cancels after the close of business on May 5, 2017.
DUE BY: April 14, 2017 - SPACE IS LIMITED

*To reserve a space, sign page 2 of the form, make one check (for applicable registration fee plus \$75 deposit) payable to the City of West Chicago and return by April 14, 2017 to:
City of West Chicago, Blooming Fest, 475 Main Street, West Chicago, IL 60185*

GENERAL INFORMATION

1. Tents are preferred for all food vendors due to fire lane restrictions within historic district. Food vendors working directly from trailers must contact event coordinator prior to registration.
2. Tents, tables and chairs are not provided. Each vendor is responsible for own set-up, table, table covering and/or chair.
3. All tents must be weighted.
4. Attendance Guidelines: Booths must be manned between 9:00 a.m. and 3:00 p.m. Booths/displays should not be removed before 3:00 p.m. Violation of these rules will prohibit vendor from next year's event.
5. All tents, display stands, tables, racks, shelves, etc., must be kept within the marked boundaries of each vendor's space. Please adhere to this rule out of consideration for other vendors and fire lane restrictions.
6. Each vendor will be notified by e-mail of space assignment and set-up time within 2 weeks prior to the fest.
7. Vendor parking is available off site and assigned based on booth location.
8. Vendor spaces are limited in each food category.
9. No refunds due to inclement weather conditions. This is a rain or shine event.
10. Photographs taken at event may be used for future promotion.
11. Vendors shall submit one check for the total amount due, including vendor registration fee (if applicable) and deposit fee. The check will be deposited upon receipt. The \$75 deposit fee will be returned to those vendors in compliance with attendance guidelines in the form of a check from the City of West Chicago via mail during June 2017.
12. Deposit of vendor fees upon receipt of application by the City of West Chicago does not indicate acceptance into the event. The vendor will be notified after the application deadline of their acceptance as a vendor at Blooming Fest. In the event that an application is denied, all fees will be refunded to the applicant.
13. Propane tanks must be chained under the cooking device to keep supply hoses from pulling away.
14. Any "fuel-fired" cooking device (as opposed to warming units) must have fire extinguishers on site rated for that device.
15. Food vendors require a Temporary Food Service Permit, available through the DuPage County Health Department at (630) 682-7400 or <http://www.dupagehealth.org/temporary-food-service>.
16. Food vendors are required to provide a certificate of insurance due no later than April 25, 2017 and meeting the following requirements:
 - A. "Our required limits per IRMA are \$1mil per occurrence and general aggregate no less than \$2mil for contractors/vendors."
 - B. *****PLEASE NOTE:** Under the box labeled "Description of Operations/locations/vehicles/exclusions added by endorsement/special provisions", **the following language must appear:**
"The City of West Chicago, its officials, agents, employees, and volunteers is/are named additionally insured. The additional insured is covered as respect to liability arising out of any work or activities performed on behalf of **(company involved)** for **(event)** **(date, times (if applicable), location)** No endorsements or additional forms modify or limit coverage provided to additional insured. Coverage provided to additional insured is primary as it relates to **(event)**".
 - C. If applicable, vendor shall furnish the City with evidence of Worker's Compensation coverage with statutory limits.
 - D. Vendors shall furnish the additional insured endorsement forms to support the certificate of insurance and shall name "The City of West Chicago, its officials, agents, employees, and volunteers" as primary and non-contributory.
 - E. The insurance provider must submit the Certificate of Insurance directly to the event coordinator, preferably via email or fax (630-293-1257), to be considered an original document.

QUESTIONS OR MORE INFO? E-mail: bloomingfest@westchicago.org
Phone (630) 293-2200 • Fax (630) 293-1257 • Website: www.westchicago.org



2017

FOOD VENDOR REGISTRATION FORM



Business/Organization Name _____

Contact Person _____ Phone _____

Street Address _____

City/State/Zip Code _____

Proposed Menu _____

E-mail address: (required) _____

Vendor registration fee for booth space without electricity - \$50 + \$75 deposit

Vendor registration fee for booth space with electricity - \$75 + \$75 deposit

WAIVER AND HOLD HARMLESS AGREEMENT

In consideration of _____ (*name of organization*) and its Members, employees, volunteers or guests, being allowed to participate in West Chicago Blooming Fest, the undersigned hereby recognizes, acknowledges and assumes any and all risk pertaining to _____ (*name of organization*) participation in the West Chicago Blooming Fest.

To the fullest extent permitted by law, _____ (*name of organization*) hereby agrees to defend, indemnify and hold harmless the City of West Chicago, its officials, agents and employees, against all injuries, deaths, loss, damages, claims, suits, liabilities, judgments, cost and expenses (including attorneys fees), which may in anywise accrue against the City of West Chicago, its officials, agents and employees, arising in consequence of _____ (*name of organization*) participation in West Chicago Blooming Fest, or which may in anywise result therefore, except that arising out of the sole legal cause of the City of West Chicago, its agents or employees. The _____ (*name of organization*) shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefore or incurred in connections therewith, and, if any judgment shall be rendered against the City of West Chicago, its officials, agents and employees, in any such action, _____ (*name of organization*) will at its own expense, satisfy and discharge the same.

Nothing set forth in this Agreement shall be deemed a waiver by the City of any defenses or immunities relating to any person or entity or their property, that are or would be otherwise available to the City or its Representatives under the provisions of the Illinois Local Government and Governmental Employees Tort Immunity Act, or that are otherwise available to local governments and their corporate authorities, officers, employees, agents and volunteers under the common law of the State of Illinois or the United States of America.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

The undersigned represents it has full authority to execute this Waiver and Hold Harmless Agreement on behalf of _____ (*name of organization*). Agreed this _____ day of _____, 2017.

Name of Organization

Signature of Authorized Person*

Title

*Signature of authorized person indicates that the General Information on page 1 of this registration form has also been read and agreed to.



Event Information				
Event Name:				
Location:			City:	
Set Up Date: ___/___/___		Set Up Time:		Event Times:
Event Dates: Starting ___/___/___		Ending: ___/___/___		
Will be at this location for ___ days/dates. If not consecutive days list dates of business here:				
Date:	Date:	Date:	Date:	Date:

***This permit is only good for one location, for a maximum of the fourteen (14) days listed above.**

Vendor Information				
Organization/Business Name:				
Address:				
City:			State:	Zip Code:
Phone #:		Fax #:		
Organization Chairperson/Business Owner:				Phone #: () -

*** Permit payment by cash, cashiers check or money order only. Permit fee is not refundable.**

Applicant's Signature	Printed Name

Sanitarian's Signature	Printed Name

- Application and fee shall be received at least 10 days in advance of the event- Sanitarian must approve menu and booth questionnaire before a permit can be issued.
- Fee is payable by cash, cashier's check, money order or Visa/MasterCard at any Public Health Center office. Applications received less than the 10 days prior to the event opening date will be assessed a late fee equal to 25 % of the fee. The fee is nonrefundable.

For Office Use Only			
Permit Type:	<input type="checkbox"/> Food Festival	<input type="checkbox"/> School	<input type="checkbox"/> Other
San ID #:	Risk Type:		
Fee Type:	Fee Amount:		
For vendors using multiple booths note Booth #:			
Tax Exempt Number:	Tax Exempt Expiration Date: ___/___/___		
<input type="checkbox"/> Permit issued prior to event.	Receipt #:		

Client Name:	ID:	Date:
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