

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: FREE to businesses residing in the downtown business district. A \$75.00 deposit is required. 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



Registration for booth space is FREE to downtown businesses.

**To reserve a space, sign page 2 of the form, make one check (for \$75 deposit plus electrical fee, if applicable) 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. All types of hand crafted art, photography, sculpture, handicrafts and jewelry are acceptable.
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. All items for sale must be priced. Vendor must supply bags or wrappings and a written receipt for all purchases. Collection of State sales tax is the responsibility of each vendor.
7. Each vendor will be notified by e-mail of space assignment and set-up time within 2 weeks prior to the fest.
8. Vendor parking is available off site and assigned based on booth location.
9. Vendor spaces are limited in each business category.
10. No refunds due to inclement weather conditions. This is a rain or shine event.
11. Photographs taken at event may be used for future promotion.
12. 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.
13. 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.
14. Food vendors may require additional \$25 electrical fee in addition to a Temporary Food Service Permit, available through the DuPage County Health Department at (630) 682-7400 or <http://www.dupagehealth.org/temporary-food-service>.
15. Businesses are required to provide a certificate of insurance **due no later than April 25, 2017** and meet 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

Downtown West Chicago Business (TIF District) Registration - Page 1



2017 DOWNTOWN BUSINESS VENDOR REGISTRATION FORM

***Business MUST reside within Downtown
Business District to use this form***



Business/Organization Name _____

Contact Person _____ Phone _____

Street Address _____

City/State/Zip Code _____

Item(s) to be sold/available _____

E-mail address: (required) _____

Your e-mail address will be added to the mailing list for the City of West Chicago for future business correspondence.

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

Vendor registration fee for booth space with electricity - \$25 + \$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 Business

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.





**CITY OF WEST CHICAGO
DOWNTOWN TIF DISTRICT**

FOR FURTHER INFORMATION REGARDING THIS MAP PLEASE CONTACT THE CITY OF WEST CHICAGO,
ADMINISTRATIVE SERVICES DIVISION
475 MAIN STREET, WEST CHICAGO, IL 60185
PHONE: (815) 291-2500

1 inch = 500 feet



Map Date: 8/22/2016
Drawing Name: 20161010_DOWNTOWN_TIF_DISTRICT

