

WHEN: SUNDAY, SEPTEMBER 15, 2013

TIME: NOON TO 8:00 P.M.

WHERE: DOWNTOWN  
(MAIN STREET, WEST CHICAGO)

WHAT: 10'X10' SPACE

COST: *FREE* to businesses residing in the downtown business district.

DUE BY: August 9, 2013



#### 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 noon and 8:00 p.m. Booths/displays should not be removed before 8:00 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 two weeks prior to the event.
8. Vendor parking is available offsite 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. Food vendors require additional \$75 electrical fee in addition to Temporary Food Service Permit, available at DuPage County Health Department (630) 221-7181.
12. Food vendors are required to provide a certificate of insurance.
13. Photographs taken at event may be used for future promotion.
14. Vendors shall submit one check for the total amount due. The check will be deposited upon receipt.
15. 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 Mexican Independence. In the event that an application is denied, all fees will be refunded to the applicant.

#### QUESTIONS OR MORE INFO?

Valeria Lopez, event coordinator – E-Mail: [vlopez@westchicago.org](mailto:vlopez@westchicago.org)

Phone (630) 293-2200 x170 • Fax (630) 293-3028

Website: [www.westchicago.org](http://www.westchicago.org)





## 2013 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: (required) \_\_\_\_\_

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

***Registration for a booth space is FREE to downtown district businesses. To reserve a space, this form must be signed and returned to: City of West Chicago, Mexican Independence Day Celebration, 475 Main Street, West Chicago, IL 60185***

### **WAIVER AND HOLD HARMLESS AGREEMENT**

To the fullest extent permitted by law, the undersigned 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 attorney fees), which may in anywise accrue against the City of West Chicago, its officials, agents and employees, arising in consequence of participation in the Activities relating to Mexican Independence Day Celebration, 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 undersigned 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, the undersigned at its own expense, will satisfy and discharge the same.

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

\_\_\_\_\_ (insert business name). Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature of Authorized Person\* Title



\*Signature of authorized person indicates that the General Information for this Registration form has also been read and agreed to.