



The **West Chicago Food Festival** takes place **Saturday, October 13, 2018** from **11:00 a.m. – 4:00 p.m.** in Historic Downtown West Chicago. Only food vendors and vendors that relate to the food festival theme will be accepted. Vendors are encouraged to offer at least one “tasting portion” for \$3 or less. There is no registration fee for this year’s event. Vendors are encouraged to bring their own generators. Vendors requesting electrical hook-up must submit a \$25 refundable deposit in order to secure a space at the event. Alcohol is not permitted. *Vendor application packets must be submitted by September 14, 2018.*

**CONTACT INFORMATION:**

Business/Organization Name \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address (required) \_\_\_\_\_

**UNIT DESCRIPTION – Please include a photo or image of your vendor unit.**

Electrical Hook-Up Requested? Circle one:      YES              NO

Unit Type (tent, push cart, trailer, truck, etc.) \_\_\_\_\_

Unit Dimensions (height/width/length) \_\_\_\_\_

**PRODUCT DESCRIPTIONS**

Menu Attached with Application? Circle one:      YES              NO

Products to be Sold (if menu not provided) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tasting Portion to be offered for \$3 or less? Circle one:      YES              NO

Credit Cards Accepted? Circle one:      YES              NO

Would you like to participate in the Tasting Competition\*? Circle one:      YES              NO

*\*Winners will receive an award and be featured in post-event marketing and communications.*



VENDOR ACKNOWLEDGEMENT FORM

1. Alcohol is not permitted at this event.
2. Water hook-up will not be provided.
3. Vendors are responsible for their own sales and financial management.
4. Collection of state sales tax is the responsibility of each vendor.
5. Vendors requesting electrical hook-up must provide each electrical need and type of application in order to be supplied with adequate power at the event.
6. Vendors must bring their own heavy-duty extension cords.
7. Tents, tables and chairs are not provided for vendor spaces. Each vendor is responsible for their own set-up, table, table covering and/or chairs. All tents must be weighted.
8. Food vendor units must not obstruct fire lanes.
9. All tents, display stands, tables, racks, shelves, etc., must be kept within the marked boundaries of each vendor's space out of consideration for other vendors and fire lane restrictions.
10. All items for sale must be priced. Vendors must supply receipts for all purchases.
11. Vendors agree that photographs taken at the event may be used for future event promotion.
12. Food vendors are required to acquire applicable permits through the DuPage County Health Department. For more information, visit [www.dupagehealth.org](http://www.dupagehealth.org) or call 630-682-7400, ext. 7046.
13. All vendors are required to submit a certificate of insurance applicable to the nature of services provided due no later than 21 days before the festival date. Vendors must comply with the following insurance requirements:
  - a. Required limits are \$1 million in Commercial General Liability combined single limit per occurrence for bodily injury, and property damage and \$1 million per occurrence for personal injury. The general aggregate shall be no less than \$2 million for contractors/vendors.
  - b. In the box labeled "Description of Operations" the following language must appear: No additional endorsements limit coverage to additional insured beyond terms of actual additional endorsement. Coverage to the additional insured is primary and non-contributory. Additional insured: The City of West Chicago, its officials, employees, agents and volunteers. City named as cancellation notice recipient.
  - c. Also included should be the named event, date, times and if applicable location of the event.
  - d. If applicable, vendors shall furnish the City with evidence of Worker's Compensation coverage with statutory limits.
  - e. Vendors shall furnish the City original endorsements to support the coverage detailed on the certificate of insurance. Endorsements shall name "The City of West Chicago, its officials, agents, employees, and volunteers" as additional insured on a primary and non-contributory basis.
  - f. The insurance provider must submit the Certificate of Insurance directly to the event coordinator, preferably via email ([specialevents@westchicago.org](mailto:specialevents@westchicago.org)) or fax (630-293-1257), to be considered an original document.

**I commit to participate in the West Chicago Food Festival as a vendor. I have read all vendor requirements listed above and understand that failure to comply with the terms and conditions contained herein could result in the loss of my vendor space. If I can no longer fulfill this commitment, I will provide the City with at least 48 hours' cancellation notice prior to the festival.**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



WAIVER AND HOLD HARMLESS AGREEMENT

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

To the fullest extent permitted by law, the \_\_\_\_\_ (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 attorney's fees), which may in anywise accrue against the City of West Chicago, its officials, agents and employees, arising in consequence of the \_\_\_\_\_ (name of organization) participation in the West Chicago Food Festival, 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, the \_\_\_\_\_ (name of organization) will at its own expense, satisfy and discharge the same.

The undersigned shall provide the City of West Chicago if applicable to the nature of the services provided a certificate of insurance reflecting coverage for general liability coverage in satisfactory amounts. The City of West Chicago, its officials, agents, employees and volunteers are to be covered as additional insured as respects the \_\_\_\_\_ (name of organization) participation in the West Chicago Food Festival.

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 \_\_\_\_\_, 2018.

\_\_\_\_\_  
Name of Organization

Signature of Authorized Person

Title

Date

Nothing set forth in this Agreement shall be deemed a waiver by the City of West Chicago of any defenses or immunities relating to any person or entity or their property, that are or would be otherwise available to the City of West Chicago 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.



**VENDOR ASSIGNMENT INFORMATION**

Submission of a completed vendor application does not guarantee acceptance into the event. The applicant will be notified of their acceptance or denial within 10 business days of receipt of application. Vendors will be provided with their space assignments, set-up times, and other logistics information by email approximately two weeks prior to the event.

**ELECTRICAL NEEDS**

*If electrical hook-up is requested, please describe each electrical need below:*

Type of Application	Quantity	Volts	Watts	Amps	Outlet (110 V or 220 V)

**DUPAGE COUNTY HEALTH DEPARTMENT**

Vendors are required to obtain necessary food service permits through the DuPage County Health Department (DCHD). For more information, visit [www.dupagehealth.org](http://www.dupagehealth.org) or call 630-682-7400, ext. 7046. Food service permit application(s) and payment must be submitted directly to the DCHD no later than 10 days prior to the event. The DCHD and the City of West Chicago will schedule applicable inspections as needed. Vendors must arrive at their designated time slots and be set up in time for scheduled inspections. Vendors must pass inspections in order to participate in the event.

**SUBMISSION INSTRUCTIONS**

Please send your completed application by email to [specialevents@westchicago.org](mailto:specialevents@westchicago.org) or by mail to:

City of West Chicago  
 Attn: Food Festival  
 475 Main Street  
 West Chicago, IL 60185

For questions or more information, please contact:

Bethany Bayci, Special Events Coordinator  
[bbayci@westchicago.org](mailto:bbayci@westchicago.org)  
 630-293-2200, ext. 176

If applicable, checks can be made payable to “City of West Chicago.” Cash and credit card payments can be made in person at City Hall, located at 475 Main Street, West Chicago, IL 60185.

**APPLICATION CHECKLIST**

- Completed application form (Page 1)
- Signed Vendor Acknowledgement Form (Page 2)
- Signed Waiver and Hold Harmless Agreement (Page 3)
- Certificate of insurance and endorsement
- Photo or image of the vendor unit
- Refundable electrical hook-up fee (if applicable)
- Applicable permit(s) from the DuPage County Health Department

