



2026 RAILROAD DAYS EXHIBITOR / VENDOR APPLICATION FOR SMALL BUSINESSES



RAILROAD DAYS APPLICATION

The Western DuPage Chamber of Commerce as manager of the 2026 West Chicago Railroad Days Festival. All Exhibitor/Vendors agree to the terms and conditions of this agreement. The Exhibitor/Vendor shall only participate for the designated event dates of Saturday, June 20, 2026, and/or Sunday, June 21, 2026. No participation outside of these two dates is permitted.

EVENT DATES & TIMES

Saturday, June 20, 2026 — 2:00 PM – 6:00 PM

Sunday, June 21, 2026 — 1:00 PM – 5:00 PM

EXHIBITOR / VENDOR INFORMATION

Company Name:	
Contact Name:	
Phone:	
Email:	
Address:	
City/State/Zip:	

PRODUCTS / ITEMS BEING SOLD OR DISPLAYED

List all products/services for approval before the event:

1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____
9) _____	\$ _____
10) _____	\$ _____

VENDOR FEE

1-Day Participation Only (June 20–21, 2026): \$ _____

Date Participating 06/____/2026

2-Day Participation Only (June 20–21, 2026): \$ _____



2026 RAILROAD DAYS EXHIBITOR / VENDOR APPLICATION FOR SMALL BUSINESSES



AGREEMENT TERMS

- By participating in the Railroad Days Festival, Vendor expressly agrees to the following terms and conditions:
- Participation is limited strictly to June 20–21, 2026, only.
- Booth space may not be sublet, assigned, or transferred to any third party without prior written approval from the Western DuPage Chamber of Commerce.
- All products, merchandise, and services offered must be pre-approved by the Chamber Committee. NO EXCEPTIONS.
- Vendor is solely responsible for all aspects of setup, operation, staffing, maintenance, and teardown of their booth space.
- One shared 20x20 tent will be provided for the collective use of all participating vendors/exhibitors and is not reserved for any individual vendor or exhibitor.
- Each vendor/exhibitor will be provided with one (1) 8-foot table, two (2) chairs, and access to one (1) electrical outlet.
- The Western DuPage Chamber of Commerce reserves the right to remove any vendor found to be non-compliant with event rules, safety requirements, or approval guidelines.
- No refunds will be issued after acceptance into the event under any circumstances.



2026 RAILROAD DAYS EXHIBITOR / VENDOR APPLICATION FOR SMALL BUSINESSES



Rules and Compliance

1) This application must be completed and received by the Western DuPage Chamber of Commerce, not later than **FRIDAY, JUNE 5TH at 12:00 NOON**. It shall not be in effect until accepted by the Western DuPage Chamber of Commerce.

2) Please send your application to:

Western DuPage Chamber of Commerce
306 Main Street
West Chicago, IL 60185
Email: team@westerndupagechamber.com

3) This agreement must be submitted along with the following:

- a) All Fees (per attached fee schedule).
- b) Certificate of Insurance. If a Certificate of Insurance (COI) cannot be provided, a signed Hold Harmless Agreement may still be submitted in lieu of insurance as part of the required application materials.

4) Vendor must remain open from 2:00 PM until 6:00 PM.

5) Vendor site must be kept clean, and garbage must be discarded properly in the waste bins located in the north parking lot, NOT IN TRASH BARRELS.

6) Acceptance by the Western DuPage Chamber of Commerce entitles the approved vendor to space suitable for an 8-foot table.

ACKNOWLEDGEMENT

By signing below, Vendor acknowledges that they have read, understood, and voluntarily agree to all terms, conditions, rules, and provisions contained in this Agreement, including the Hold Harmless provisions and all event requirements. Vendor further acknowledges that participation in the Railroad Days Festival is at their own risk and that all information provided is accurate and complete to the best of their knowledge.

Vendor/Business Name: _____

Contact Person: _____ Phone Number: _____

Address: _____

Vendor Signature: _____ Date: _____



2026 RAILROAD DAYS EXHIBITOR / VENDOR APPLICATION FOR SMALL BUSINESSES



HOLD HARMLESS AGREEMENT

The Western DuPage Chamber of Commerce reserves the absolute right to terminate the Agreement in the event the vendor sells or attempts to sell any product or service other than those specified in Article I or breaches any of the terms and conditions contained in Article II or the rules and regulations for Railroad Days 2026 Exhibitor Vendor Agreement. In the event the Western DuPage Chamber of Commerce terminates this agreement, the Exhibitor Vendor shall immediately forfeit the security deposit and all fees paid, cease any activities at Railroad Days 2026 and remove all equipment, personnel and other property from Pioneer Park.

I have read and understand the above agreement.

Exhibitor/Vendor: _____

Signature: _____ Date: _____

(Staff Use Only)

Accepted by: _____ Date: _____

VENDOR INDEMNITY AGREEMENT:

As a part of your participation in Railroad Days 2026 the below vendor hereby agrees to indemnify and hold harmless the City of West Chicago, it's officials, employees, agents and volunteers who are listed as additional insured; the Western DuPage Chamber of Commerce, West Chicago Park District and the West Chicago Fire Protection District against any and all claims, suites, cost, damages and expenses at Railroad Days 2026 they may sustain by reason of any acts of omission by the below vendor and/or employees, associates, affiliates and/or partners of the below vendor. The below vendor agrees to pay any judgement or settlement resulting from such suit, demean or claim, and to pay all reasonable attorney fees incurred by the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District, or the West Chicago Fire Protection District in defending against such suit, demean or claim. In the event of any dispute between the vendor, the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District, and the West Chicago Fire Protection District concerning the terms of this indemnity agreement, it is hereby understood and agreed that the proper venue for litigating any such dispute is DuPage County, Illinois.

Company Name (*printed*): _____

Signature Name (*printed*): _____ Date: _____

Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____

(Staff Use Only)

Accepted by: _____ Date: _____

(Western DuPage Chamber of Commerce)



2026 RAILROAD DAYS EXHIBITOR / VENDOR APPLICATION FOR SMALL BUSINESSES



PAYMENT

The following Fees Apply to all Vendors participating in the 2026 Railroad Days festival on June 18-21, 2026.

Rental Fee: 1 Day 2 Days

MAKE CHECKS PAYABLE TO: WESTERN DUPAGE CHAMBER OF COMMERCE

Mailing address: Western DuPage Chamber of Commerce
 306 Main Street, West Chicago, IL 60185
 Phone: 630-231-3003
 Email: team@westerndupagechamber.com

No checks will be accepted without a completed vendor agreement and no vendor is considered to have been accepted as a participant in the 2026 Railroad Days event until receiving an Approval email from the 2026 Railroad Days Committee of the Western DuPage Chamber of Commerce.

Credit Card:

Enter the complete credit card number: _____

Expiration Date: _____ CVS (#): _____ Payment Amount: \$ -----

Billing Address for Credit Card:

Street: _____

City: _____ State: _____ Zip Code: _____

I authorize Western DuPage Chamber of Commerce to charge the above credit card for the amount noted above.

Cardholder Name (printed): _____ Date: _____

Cardholder Signature: _____

Once credit card is processed for payment, we immediately destroy the original application and any digital copies. For our vendor's security, no portion will be retained for our records.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
Your Insurance Company

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Your Name and Address

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	Policy Number	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
B			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy Number	mm/dd/yy	mm/dd/yy	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
			OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: The City of West Chicago, West Chicago Park District, West Chicago Fire Protection District, Western DuPage Chamber of Commerce, its officials, employees, agents and volunteers.

This is how this section is to read, no exceptions.

CERTIFICATE HOLDER

Western DuPage Chamber of Commerce
306 Main Street
West Chicago, IL 60185

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE