



2023 RAILROAD DAYS FOOD VENDOR APPLICATION

RAILROAD DAYS APPLICATION & AGREEMENT



The Western DuPage Chamber of Commerce as a manager of the 2023 West Chicago Railroad Days Festival and Food Vendor agree to the terms and conditions of the agreement. The Food Vendor shall sell only the products specified and approved in this agreement at Pioneer Park during the 2023 Railroad Days event.

Date & Times of the Railroad Days 2023 festival are as follows:

Thursday, June 22, 2023	4:30 pm - 10:00 pm
Friday, June 23, 2023	4:30 pm - 11:00 pm
Saturday, June 24, 2023	2:30 pm - 11:00 pm
Sunday, June 25, 2023	2:30 pm - 10:00 pm

ARTICLE 1: Food Vendor: Company/Product Information & Electrical Requirements

Company Name: _____

Contact: _____ Phone: (____) _____ Fax (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail(s): _____

Description of products/items that will be distributed (including prices, if applicable):
(If you need more space to write down additional items, please use the additional page section on application.)

1) _____ \$ _____	2) _____ \$ _____
3) _____ \$ _____	4) _____ \$ _____
5) _____ \$ _____	6) _____ \$ _____
7) _____ \$ _____	8) _____ \$ _____
9) _____ \$ _____	10) _____ \$ _____
11) _____ \$ _____	12) _____ \$ _____
13) _____ \$ _____	14) _____ \$ _____
15) _____ \$ _____	16) _____ \$ _____

Beverage Sales: SOFT DRINKS OR WATER MAY BE SOLD BY ANY FOOD VENDOR during Railroad Days Festival 2023. **NO GLASS CONTAINERS.**

Vendor may provide any other non-alcoholic beverage, i.e. lemonade, ice tea etc. In any size and price, as long as it is not in a glass container.

A) Will you provide soda? Yes No

B) Will you provide other beverages? Yes No Specify: _____

Vendors will be notified on the acceptance/rejection of application and food items by email. Approved food items will be outlined in email as well as setup times, parking information/ permits,& procedures. If you submitted your application and have not heard back from the Western DuPage Chamber of Commerce, please contact our office at 630-231-3003 or email us at Team@WesternDuPageChamber.com

Electrical Requirements:

- This section must be complete and accurate. In order to ensure that all Food Vendors have enough electricity, we must have all of your information. Your application will not be accepted unless it is complete.
- No changes will be allowed the day of the event, only requested electrical requirements will be supplied.
- Vendors are solely responsible for their own heavy-duty extension cords (#12 3 - prong conductor).
- Vendor will be provided one 110 outlet; additional 110 outlets will be charged at \$50 each.
- Vendors who need 220 outlets will be charged \$150.00 per 220 outlet.
- Please list each electrical need individually. If necessary, use the additional page for any additional needs. Direct Connect Available on-site only, call for quote!

A) Types of application (Need)	Qty.	Volts	Watts	Amps	Outlet Type (220 or 110)	
1) _____	_____	_____	_____	_____	110	220
2) _____	_____	_____	_____	_____	110	220
3) _____	_____	_____	_____	_____	110	220
4) _____	_____	_____	_____	_____	110	220
5) _____	_____	_____	_____	_____	110	220

B) Total number of outlets needed: (REQUIRED): _____

C) Total number of 20 Amp circuits needed: (REQUIRED): _____

Parking, RV, Trailers & Other Storage Units:

D) If vendor wishes to stay on-site during setup and through the end of the festival and will bring an RV trailer or motor home to facilitate such stay, vendor will be required to pay a fee for accessibility of water and electricity. No dumping or service to sanitation systems will be provided or available.

A standard fee of \$300 per trailer, truck, motor home, or ancillary unit will apply and includes one, 220 or less connection to on-site generators. Any unit requiring direct hookup or special electrical needs must provide details and a quote will be provided. All fees must be paid in advance and no changes or modifications will be made after electric has been connected to listed units.

Water service is limited, and no hoses are provided by the Western DuPage Chamber of Commerce. Priority will be given to Food trailers and Food Preparation needs before temporary housing units.

RV, TRAILERS & OTHER STORAGE UNIT ORDER:

Yes, I need _____ @ \$300.00 per unit= \$ _____

Grand Total = \$ _____

Special Electrical Requests:

(*) Most RV s' or storage units can operate on 110 or 220 volts with a standard plug. If direct connect or special power or plug is required, every attempt will be made to accommodate but there are no guarantees that the necessary hook-up will be available. No refunds will be provided so please make sure you are prepared to provide these at time of installation by our generator contractor. They will not return to hook-up power after they have left the site.

TENT & SPACE NOTIFICATION:

E) Acceptance by the Western DuPage Chamber of Commerce entitles approved vendor to a 15' frontage x 25' depth space suitable for a tent/trailer or other temporary food service booth. One 110 volt 20-amp standard electrical circuit is also provided at no additional fee.

The Western DuPage Chamber of Commerce **does not provide a tent**. If vendor choses to place a tent in their designated space it must be secured to the ground with weights and/or stakes sufficient to withstand high winds. All temporary tents and the method of securing them fall under the authority of the City of West Chicago or their designee and must be removed if not acceptable to them.

Food trailer/trucks exceeding 15' of frontage and/or requiring additional electrical supply must submit a request detailing the size of unit and ALL ELECTRICAL NEEDS. This includes but is not limited to type of plugs, direct wire or cam connections and type, max power load and current (220, 3-phase ETC). Any portable generators must be inspected and approved by the City of West Chicago and the West Chicago Fire Protection District before use; **ANY CHANGES MADE AFTER APPROVAL WILL SUBJECT VENDOR TO BEING REMOVED FROM THE FESTIVAL AND NO REFUND WILL BE GIVEN.**

ARTICLE II - Rules & Compliance

1. This application must be completed and received by the Western DuPage Chamber of Commerce, not later than **FRIDAY, JUNE 2ND BY NOON** and 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) See Attached Insurance requirements!
4. Vendor must remain open from the beginning of the event until the end of the event each day.
5. Vendor site must be kept clean, and garbage discarded properly. Discarded food shall not be left on site after event. Cleaning up fees will be billed to vendor and vendor may be refused future participation in Railroad Days festivals.
6. Vendors must supply their own sign with their name and prices (if applicable) on it.
7. Vendor is solely responsible for compliance with the DuPage County Health Department regulations. This year's Railroad Days Health inspector is: *(click the logo to visit website.)*

Contact: Rick Johnson
Main Phone: (630) 682-7400
Cell: (630) 541-7181
Email: rjohnson@dupagehealth.org

Permit Applications and Forms can be found at <https://www.dupagehealth.org/285/Permit-Applications-and-Forms> through the DuPage County Health Department.

Mobile Food Vending Requirements can be found here <https://www.dupagehealth.org/DocumentCenter/View/7722/Mobile-Food-Vending-Checklist2022-PDF>

ARTICLE III - 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 2023 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 2023 and remove all equipment, personnel and other property from Pioneer Park.

I have read and understand the above agreement.

Exhibitor/Vendor: _____
(Please Print Company Name)

Signature: _____ Date: _____

(Staff Use Only)

Accepted by: _____ Date: _____

Please keep a copy of the completed application for your records.

VENDOR INDEMNITY AGREEMENT:

As a part of your participation in Railroad Days 2023 the below vendor hereby agrees to indemnify and hold harmless the City of West Chicago, its 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, suits, cost, damages and expenses at Railroad Days 2023 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 judgment 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: _____

(Staff Use Only)

Accepted by: _____ DATE: _____

(Western DuPage Chamber of Commerce Only)

ARTICLE IV – Insurance Requirements

2023 West Chicago Railroad Days Insurance

Additional Insured: Endorsement Requirement

The City of West Chicago, as the Major Sponsor of the 2023 Railroad Days Festival requires that the following statement appear on all certificates of insurance:

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.

***See sample of an acceptable certificate below.**

Please provide this information to your insurance carrier to avoid any potential problems that would result in an unacceptable certificate being submitted and the rejection of your participation.

Checklist:

Foods & Beverages Listed with Prices.

Electrical & On-Site Needs Requested.

Contacted the DuPage County Health Department.

Certificate of Insurance Submitted.

Vendor & Indemnity Agreements Signed.

Meal Ticket Agreement Signed. *(optional)*

ARTICLE V - Payment

The following Fees Apply to all Vendors participating in the 2022 Railroad Days festival on July 7-10, 2022.

Non-Food Booth Rental 15' (frontage)x 25' (deep) Booth Space \$ 995.00

On-Site Trailers, RV, or other Storage Unit(s) \$ _____

Electricity: (Two 110 Outlet provided) Additional 110-outlet _____ x \$50.00 ea. \$ _____

Additional 220-outlet _____ x \$150.00 ea. \$ _____

_____ \$ _____

SUBTOTAL \$ _____

Western DuPage Chamber Members & West Chicago Business Discount

\$100 discount if applicable LESS \$ _____

AMOUNT \$ _____

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 Fax: 630-231-3009

No checks will be accepted without a completed vendor agreement and no vendor is considered to have been accepted as a participant in the 2023 Railroad Days event until receiving an Approval email from the 2023 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.

Checklist VI – Food Vendor Meal Ticket Agreement

Meal ticket reimbursement program is designed to ensure food vendors who provide food to Police Officers, Fire Department, EMT Personnel, Volunteers, or Special Guests are properly reimbursed for the meals. The Western DuPage Chamber of Commerce manages these meal tickets (example below); and will have our signatures/Initials on the opposite side for security purposes.

Your Responsibilities:

Each meal ticket will be honored at **\$6.00** per ticket for anyone who wishes to exchange their ticket at your booth for a complete meal. In exchange we ask you to provide a complete meal for each ticket; drink (optional), main food item, and side item. For example. (hotdog, and bag of chips or equivalent). Please indicate what food items you are willing to provide in exchange for a meal ticket. Please provide two options.

- All items in the meal options must be given to the meal ticket holder.
- All meal vouchers must be submitted for reimbursement by **Sunday, June 25 at 9 PM** to staff.
- Verify that there are signatures/initials in the following area *(without the initials & stamp, the ticket is not valid and NO reimbursement will be made)*.

Our Responsibilities:

We will provide meal tickets (example below) to our Police Officers, Fire Department, EMT Personnel, volunteers or special guests. Our staff will place a meal ticket examples at your booth to ensure that meal ticket recipients see you're a participant in the program.

- We create a menu for volunteers, officers, guest, & staff; listing all participants and what is offered.

Notes:

- No substitutions allowed.
- Items purchased other than meal options must be paid for by employee, Police, Fire Dept., Volunteer or Guest.

Option #1 *(Example Only)*

Drink: None

Main Item: 2 (Beef, Pork, or Chicken) Tacos

Side Item: Spanish Rice

Option #1

Drink:

Main Item:

Side Item:

Option #2 *(Example Only)*

Drink: Coke Products

Main Item: Hot Dog

Side Item: Chips

Option #2

Drink:

Main Item:

Side Item:

As a Railroad Days food vendor, I have read and understand the terms of this agreement. By signing below I agree to the terms of this agreement and will honor meal tickets during the hours of operations.

Signature: _____ Date: _____

(front)



(back with initials/signature)



ACORD_{TM} 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.	
INSURED Your Name and Address	INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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	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