



2025 RAILROAD DAYS FOOD VENDOR APPLICATION

RAILROAD DAYS APPLICATION & AGREEMENT

Chamber of Commerce



The Western DuPage Chamber of Commerce as a manager of the 2025 West Chicago Railroad Days Festival and Food Vendor agree to the terms and conditions of the agreement. The Food Vendors shall sell only the products specified and approved in this agreement at Pioneer Park during the 2025 Railroad Days event.

Dates & Times of the Railroad Days 2025 festival are as follows:

- Thursday, June 26 4:30 pm - 10:00 pm
Friday, June 27 4:30 pm - 11:00 pm
Saturday, June 28 2:30 pm - 11:00 pm
Sunday, June 29 1:00 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.)

- A) _____ \$ _____ B) _____ \$ _____
C) _____ \$ _____ D) _____ \$ _____
E) _____ \$ _____ F) _____ \$ _____
G) _____ \$ _____ H) _____ \$ _____
I) _____ \$ _____ J) _____ \$ _____
K) _____ \$ _____ L) _____ \$ _____
M) _____ \$ _____ N) _____ \$ _____
O) _____ \$ _____ P) _____ \$ _____

Beverage Sales: Soft Drinks or Water may be sold by any food vendor during Railroad Days festival 2025. **NO GLASS CONTAINERS.**

Vendors 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 20 Amp circuit; additional circuits will be charged at \$150 each.
- Vendors who need 220 service will be charged \$300.00 per 220 service.
- 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) _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> 110 | <input type="checkbox"/> 220 |
| 2) _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> 110 | <input type="checkbox"/> 220 |
| 3) _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> 110 | <input type="checkbox"/> 220 |
| 4) _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> 110 | <input type="checkbox"/> 220 |
| 5) _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> 110 | <input type="checkbox"/> 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 include 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 electricity 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:

| | |
|---|------------------------|
| <input type="checkbox"/> Yes, I need _____ @ \$300.00 per unit = \$ _____ | Grand Total = \$ _____ |
|---|------------------------|

Special Electrical Requests:

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 chooses 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.

F) Potable water will be provided to food vendors on site. Note: Distance between the fire hydrant and food vendor location is 90 yards and will require hose of at least 150' or more. **Vendors are responsible for securing hose and any necessary connectors to ensure they have a water supply.**

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 6TH 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. A dumpster will be provided close to event for all vendors to discard their garbage at the end of each night. Discarded food shall not be left on site after event. **Do Not** use event garbage cans to dump discarded items, **use dumpster provided**. 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: **Keisha Rodey**
Main Phone: (630) 221-7313
Email: lkeisha.rodey@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 2025 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 2025 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: _____

VENDOR INDEMNITY AGREEMENT:

As a part of your participation in Railroad Days 2025 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 2025 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, demand 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, demand 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

2025 West Chicago Railroad Days Insurance

Additional Insured: Endorsement Requirement

The City of West Chicago, as the Major Sponsor of the 2025 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.

Additional Comments:

Checklist:

- Foods & Beverages Listed with Prices. *(Pages 1 & 6)*
- Electrical & On-Site Needs Requested. *(Page 2)*
- Contacted the DuPage County Health Department. *(Page 4)*
- Certificate of Insurance Submitted. *(see example on Page 9)*
- Vendor & Indemnity Agreements Signed. *(Page 5)*
- Meal Ticket Agreement Signed. *(optional) (Page 8)*

ARTICLE V - PAYMENT

Payments must be made in full before the first operation day of Railroad Days, starting Thursday, June 26th, 2025. Please contact Chamber staff if you have any questions regarding payments at 630-231-3003 or team@westerndupagechamber.com.

Food Booth Rental: \$1,200.00

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

Electricity: (One 20 Amp circuit provided) Additional 20 Amp Circuit _____ x \$150.00 ea. \$ _____

Additional 220 Service _____ x \$300.00 ea. \$ _____

15' (frontage) x 25' (deep) Booth Space \$ _____

SUBTOTAL \$ _____

Western DuPage Chamber Members & West Chicago Business Discount.

\$ 100 Discount if applicable LESS \$ _____

Grand Total \$ _____

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 2025 Railroad Days event until receiving an Approval email from the 2025 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.

Card holder Name (printed): _____ Date: _____

Card holder Signature: _____

Once Credit Card is processed for payment, we immediately destroy the original application 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 **\$7.50** 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.

- a) All items in the meal options must be given to the meal ticket holder.
- b) All meal vouchers must be submitted for reimbursement by Sunday, June 29 at 9 PM to staff.
- c) Verify that there are signatures/initials in the following area
(without the initial & 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 meal ticket examples at your booth to ensure that meal ticket recipients see you're a participant in the program.

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

Notes:

1. No substitutions allowed.
2. Options must have at least one main food item(s) with a value of at least \$7.50.
3. Items purchased other than meal options must be paid for by employee, Police, Fire Dept., Volunteer or Guest.

Option #1

Option #2

Drink: _____ Drink: _____

Main Item: _____ Main Item: _____

Side 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 Sample



Back Sample Side



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 LTR | ADD'L 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 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