

WAUKEGAN PARK DISTRICT

2018

Vendor Information Packet

Thank you for taking an interest in Waukegan Park District events. We look forward to working with you and/or your organization. In order to insure your vendor experience is a good one, it is vital that ALL your vendor paperwork is submitted fully and accurately, in order to avoid your application being denied. **If you have any questions please call Elizabeth at (847) 782-3626.**

Vendor: Any company, organization, or individual that attends a Waukegan Park District event or program and hands out information, attempts to sell an item, or conducts an activity promoting its business or organization.

1. This packet contains the following information and forms.

- Page 2 Special Event information and Fee Form
- Page 3-5 Vendor Application & Vendor Agreement
- Page 6 Vendor / WPD Checklist
- Page 7 Example Certificate of Insurance with Additional Insured Example
- Page 8 Example Health Department Permit

2. Return ALL required paperwork to the Waukegan Park District via mail or in person by application deadline.

Mail or Drop off Vendor Application and Agreement and Payment To:

MAIL:

Waukegan Park District
2000 Belvidere St
Waukegan, IL 60085
Attn: Elizabeth Fallon

DROP OFF:

Field House Sports, Fitness & Aquatics Center
800 Baldwin Ave, Waukegan 60085
Attn: Elizabeth Fallon

The Waukegan Park District reserves the right to deny vendor participation at any of its events if vendor requirements are not met.

Be sure your packet is submitted with **ALL** of the following!

1. **Vendor Application & Agreement** completed with all information listed and signed
2. **Certificate of Insurance** with appropriate coverage and **"Additional Insured"** endorsement. (See page 6 for coverage details and page 7 for an example certificate.)
3. **Health Permit** from the Lake County Health Permit - www.lakecountyil.gov/health (See page 8 of this packet for an example.)
4. **Check** payable to Waukegan Park District – All fees are due with application & agreement.

**All required paperwork and payment must be sent together.
Incomplete paperwork or paperwork without payment will not be accepted.**

2018 SPECIAL EVENT INFORMATION VENDOR FEE RATES

PLEASE NOTE THAT SOME FEES ARE HIGHER DUE TO EVENT ATTENDANCE AND TIMEFRAME

10% DISCOUNT: WHEN PAYING TO PARTICIPATE IN 4+ EVENTS AT THE TIME OF INITIAL APPLICATION.

VENDOR FEES WILL ONLY BE REFUNDED IF WAUKEGAN PARK DISTRICT CANCELS THE EVENT.

SPECIAL EVENT PARTICIPATION RATE APPLICATION DEADLINE	EVENT DATE & LOCATION	EVENT TIME	FEE: FOR PROFIT VENDOR	FEE: NON-PROFIT VENDOR PROOF OF 501C3 REQUIRED
Eggstravaganza Trail Participation: 2,200 Vendor Deadline: 3/19/18	March 31, 2018 Belvidere Park 412 S Lewis Ave	11am-12pm	\$60	\$20
Fishing Derby Participation: 400 Vendor Deadline: 5/21/18	June 2, 2018 Bevier Park 2255 Yorkhouse Rd	8am-10:30am	\$60	\$20
Touch A Truck & Waukegan Police Night Out Participation: 1200 Vendor Deadline: 7/20/18 <i>Electricity not available for vendors</i>	August 3, 2018 Waukegan Lake Front - Partner w/City Police- National Night Out	5pm-8:30pm	\$80	\$20
5K & World Wide Day of Play Participation: 500 Vendor Deadline: 9/1/18	September 15, 2018 Field House 800 N Baldwin Ave	9am-12pm	\$60	\$20
Halloweenfest Participation: 4,000 Vendor Deadline: 10/15/18	October 27, 2018 Bowen Park 95 Jack Benny Dr.	1pm-5pm	\$80	\$20
Turkey Trot Participation: 400 Vendor Deadline: 10/29/18	November 10, 2018 Location: TBD	9-12pm	\$60	\$20
Waukegan SportsPark	Call for information (847) 782-3300 3391 W Beach Rd, Wkgn			
Field House Sports, Fitness & Aquatics Center	Call for information (847) 782-3300 800 N Baldwin Ave, Wkgn			

WAUKEGAN PARK DISTRICT VENDOR APPLICATION AND AGREEMENT

Vendors interested in participating **must complete this form and submit all other required documents along with full payment a minimum of fourteen (14) days prior to event** to be considered a participant at our event(s). **Incomplete vendor packets** will not be accepted and vendor will be denied participation. If you are unsure what paperwork is required, please call **Elizabeth at 847-782-3626**.

THIS APPLICATION & AGREEMENT PERTAINS TO THE FOLLOWING (#) _____ EVENTS.

Please (check) all events this application and agreement apply to. (Other) Write in an event not listed here.

- | | | |
|--|---|---|
| <input type="checkbox"/> Eggstravaganza Trail
March 31[\$60/\$20] | <input type="checkbox"/> Touch A Truck
August 3[\$80/\$20] | <input type="checkbox"/> Halloweenfest
October 27[\$80/\$20] |
| <input type="checkbox"/> Fishing Derby
June 2[\$60/\$20] | <input type="checkbox"/> 5K & World Wide Day of Play
September 15[\$60/\$20] | <input type="checkbox"/> Turkey Trot
November 10[\$60/\$20] |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

FEES associated with this event (Due with submission of application)

- For Profit Vendor Not-For Profit Vendor Fee waived by WPD
- No Fees are associated with this event. 10% discount for pre-applying for 4+ events
- I would like a WPD supplied tent – additional \$10/event (limited supply/first come basis)
- Enclosed is my vendor fee(s) of \$ _____ See page 2 to calculate your vendor fee

VENDOR INFORMATION

Organization Name	_____		
Address, City, Zip	_____		
Representative Name	_____		
Reps Phone	_____	Reps e-mail	_____
Description of goods or services offered <small>Nature of your business</small>	_____ _____		
Experience at this event	<input type="checkbox"/> This is the first time I am participating at this event <input type="checkbox"/> I have participated at other Waukegan Park District events in the past Last event and year participated: _____		

FINANCIAL RESPONSINILITY

Vendor must assume all financial responsibility for any liability claims or property that is lost stolen or damaged, arising out of or resulting from the vendor's activities.

How will losses be covered financially? (Must check one)

- Covered by insurance – **Certificate of Insurance with Waukegan Park District listed as “Additional Insured”**
Please see example at the end of the packet.
- Individual signing this agreement will take responsibility – See page 6 for description of Insurance coverage
Depending upon the activity at the event participation may be denied due to lack of insurance.

DAY OF EVENT INFORMATION

Complete this page for EACH EVENT you plan on participating at

Any changes to this information must be submitted and approved prior to the event's vendor deadline listed on page 2.

Event Name One (1) form for each event	_____		
Day of Event Vendor Contact Needed for any last minute schedule changes	_____		
Contact's Cell	_____	Contact's e-mail	_____
Tent and Space Needs Booth space is approximately 10X10	<input type="checkbox"/> Will not be using a tent <input type="checkbox"/> Will be bringing a tent must be able to stake it down <input type="checkbox"/> Will need a larger space; requested size _____ <input type="checkbox"/> Request a WPD tent – additional \$10 per event (limited supply/first come basis)		
Table and Chair Needs The district will supply one (1) table and two (2) chairs	<input type="checkbox"/> Will use the one table and two chairs supplied by district <input type="checkbox"/> Will bring my own or additional tables and chairs		
Equipment Vendor is bringing besides tents, tables, or chairs	_____ _____ _____		
Electricity Needed *If WPD supplies electricity, it will be limited & may not meet your operational needs!	<input type="checkbox"/> Will not need electricity <input type="checkbox"/> Will bring own generator <input type="checkbox"/> Will need electricity hookup; wattage required _____ If yes, what will be plugged in? _____		
Description of Activities at Event e.g. - distribute information, giveaways, play a game, sell a product, provide a service	If the description is not accurate day of, the Vendor may be asked to leave with no fee reimbursement. _____ _____ _____		
Description of Items being sold Put N/A if this does not apply.	Food vendors may be limited to three (3) food items plus beverages. Approval is required for all items being sold. PRICE LIST MUST BE ATTACHED. _____ _____		
Special Requests	_____ _____		

If applying for multiple events, make sure your insurance and food permits are current for each event by the vendor deadline date listed on page 2 for each event, to avoid denial of participation. Failure to have updated permits and insurance submitted by the deadline date will result in loss of any pre-paid fees.

VENDOR AGREEMENT

VENDOR AGREES

To submit ALL required paperwork no less than fourteen (14) days prior to event; if paperwork is not submitted in time it is understood that the request will be canceled and fees will be lost and space forfeited. If Vendor cancels less than ten (10) days prior to the event the space and fees will be forfeited.

That the lack of or deficiencies in insurance coverage shall not be construed as a waiver of Vendor's obligation to be financially responsible for any claims, damages, losses, and expenses, including but not limited to legal fees, arising out of or resulting from the vendors activities as described in the Indemnification and Hold Harmless.

To follow the rules stated below:

- To ensure all tents being used are staked or secured to the ground; if there are high winds day of event, vendor may be asked to remove their tent.
- Any propane tanks used must be secured such to prevent them from tipping over.
- To post the prices of any items being sold; pre-approval is required of all items being sold.
- To not display any logos or written language related to alcoholic products in vendor area (i.e. tents, cups, signs, shirts, hats, etc).
- To supply all of their own equipment and supplies including but not limited to tents capable of being secured to ground, extension cords, heat sources/cooking surface for food, sanitizing equipment, serving utensils, posted price list.
- To abide by all city and park district ordinances as well as any health department codes that may apply.

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, the above vender shall indemnify and hold harmless the Waukegan Park District and its officers, officials, employees, volunteers, and agents from and against all claims, damages, losses, and expenses, including but not limited to legal fees, arising out of or resulting from the vendors activities, provided that any such claim, damage, loss, or expense 1) is attributed to bodily injury, sickness, disease, or death, or injury to or destruction of tangible property, and 2) is caused in whole or in part by any negligent or wrongful act or omission of the vendor, or anyone directly or indirectly employed by them, whose acts may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder. Such obligation shall not be constructed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person described in this paragraph.

SIGNATURES -

Print Vendor Representatives Name

Print Vendor Company Name

Signature

____/____/____

Date

NOTE: If insurance requirement is waived, the individual signing this agreement still assumes financial responsibility.

Office use: This Vendor Application and Agreement has been _____ Accepted _____ Denied
To be accepted, all required paperwork must also be submitted.

Vendor Name: _____ Event(s) Attending: _____

Follow up letter/e-mail sent including a copy of this form and Emergency Operations Plan for event

CHECKLIST OF REQUIRED PAPERWORK

If any required paperwork is not completed and submitted at a minimum of 14 days prior to event, this will be considered a cancellation of request. ALL cancellations made less than 10 days prior to an event will result in the forfeiture of any vendor fee paid.

Please check the ones that apply to you. Please read through this section carefully!

Apply Checked by Vendor	Received Checked by District	
<input type="checkbox"/>	<input type="checkbox"/>	Vendor Application and Agreement This form must be filled out in its entirety and include appropriate signatures.
<input type="checkbox"/>	<input type="checkbox"/>	Fee Amount Enclosed \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Coverage Needed If Vendor carries insurance <u>proof of insurance coverage must be submitted.</u> The following describes the required coverage that Vendor must show proof of: <ul style="list-style-type: none"> • General Liability Coverage – for all • Additional Insured Endorsement – for any vendor distributing or selling goods or services, or bringing higher risk equipment on site; not needed if simply distributing information. <ul style="list-style-type: none"> ○ Waukegan Park District must be added as an additional insured to the General Liability policy. • Worker’s Compensation Coverage – for vendors who have employees such that the state requires insurance; may be exempt if the only employees are the owner or the owner’s immediate family members. • Auto Coverage – for vendors who need to bring automobiles on district property other than a passenger car or truck or cargo van. It would be needed for such vehicles as RVs, CDL vehicles, trailers, animal pulled vehicles, etc. If Vendor plans on participating in additional events throughout the coverage period, it is recommended the certificate is prepared so it can be used for all future events. <ul style="list-style-type: none"> <input type="checkbox"/> I should have a Certificate of Insurance already on file with a coverage period that includes the date(s) of event(s). <i>Vendor Coordinator will confirm with you that the certificate on file will fulfill insurance requirement.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Health Department Food Permits If food is being sold, <u>Vendor agrees to have all needed Health Department permits</u> and abide by all health codes. The Vendor must supply their own heat source, sanitizing equipment and serving utensils.
<input type="checkbox"/>	<input type="checkbox"/>	Price list Food vendors may be limited to three (3) food items plus beverages. Approval is required for all items being sold. Price list must be attached.

Event Vendor Coordinator may adjust the applicable required paperwork identified by Vendor. Any adjustments will be communicated to Vendor as soon as possible to allow time for them to submit.

SUBMIT PAPERWORK TO

Mailing address:
 Waukegan Park District
 2000 Belvidere Street
 Waukegan, IL 60085
 Attn: Elizabeth Fallon

Fax:
 847-782-3303
call to verify paperwork received
e-mail:
 efallon@waukeganparks.org

Drop Off:
 Field House
 800 Baldwin Ave
 Waukegan, IL 60085
 Attn: Elizabeth Fallon

EXAMPLE



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AB

DATE (MM/DD/YYYY)
06/03/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Leech Bridges, Inc. 1717 Lewis Avenue Zion, IL 60099 Kellav Ecclrs	847-872-4982 847-872-2528	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FASTE-1	FAX (A/C, No):														
INSURED ABC Vendor Waukegan, IL 60087		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Pekin Insurance</td> <td>24228</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Pekin Insurance	24228	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		GL12345	06/03/13	06/03/14	EACH OCCURRENCE \$ 1,000,000
	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY			needed for vehicles other than passeger car/truck or cargo van needed for trailers			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			needed for organizations paying an employee to work event			WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Equipment Floater			EF67890	06/03/13	06/03/14	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Proof of Insurance for work performed during policy period.
 Waukegan Park District is named as Additional Insured.
 Events: Fishing Day Derby - June 8th, Independence Day - July 1st, Halloween - October 31st

Additional Insured Information should be listed here – like this.

CERTIFICATE HOLDER **WAWKPAR** **CANCELLATION**

Waukegan Park District 2000 Belvidere Rd Waukegan, IL 60085	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Kellav R. Ecclrs</i>
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Certificate Holder Information should be listed here – like this.

EXAMPLE



Lake County
Health Department and
Community Health Center

**Temporary
Foodservice
Application/Receipt**

04/22/2013

APPLICANT:

APPLICATION # 182191

ABC Vendor
WAUKEGAN, IL 60079

CATEGORY I
 CATEGORY II
 CATEGORY III

 MULTIPLE
INSPECTIONS

NAME OF EVENT: Seasonal

VENDOR/RESTAURANT: ABC Vendor

EVENT LOCATION: Lake County

START DATE: 04/28/13

CERTIFIED MANAGER: ABC Vendor Manager

END DATE: 10/28/13

TYPE OF CERTIFICATION: IDPH

FEE CODE: TEMPORARY SEASON - RISK CATEGORY II

EXPIRATION DATE: 10/28/2013

Events attending
should be listed here

AMOUNT PAID: \$134.00 CASH CREDIT CARD CHECK CHECK #: 421

COMMENTS: 6-1 DANDELION WINE 6-30 AMERICAN INDEPENDENCE 9-7 ELDERCARE CAR SHOW 9-29 KITE FEST 10-12 ZOMBIWAUK 10-26 HALLOWEEN FEST

An office review for a temporary food service permit has been conducted by the LAKE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES. Based on the information provided, the following has been determined.

APPLICATION IS APPROVED AS SUBMITTED. NO CHANGES TO THE MENU WILL BE ALLOWED WITHOUT APPROVAL FROM LCHD. A SITE VISIT MAY BE CONDUCTED BY A LCHD SANITARIAN.

A SITE VISIT IS REQUIRED. PLEASE REVIEW THE ENCLOSED CHECKLIST AND ASSURE ALL ITEMS ARE PROVIDED AT THE EVENT PRIOR TO OPERATING.

Reviewed By Pam Smith

Date 04/22/2013