

WAUKEGAN PARK DISTRICT

2023

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. To ensure your vendor experience is a good one, it is vital that ALL your vendor paperwork is submitted fully and accurately, to avoid your application being denied. If you have any questions, please contact Elizabeth Fallon at efallon@waukeganparks.org or 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 2-4 Vendor Application & Vendor Agreement
- Page 5 Vendor / WPD Document Checklist
- Page 6 Example Certificate of Insurance with Additional Insured Example
- Page 7 Example Health Department Permit (food vendors only)
[Forms & Applications | Lake County, IL \(lakecountyil.gov\)](#)
- Page 8 Example of City of Waukegan License
[Licensing Department | Waukegan, IL - Official Website \(waukeganil.gov\)](#)

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

EMAIL, MAIL or DROP OFF Vendor Application and Agreement and Payment To:

EMAIL:

efallon@waukeganparks.org

MAIL:

Waukegan Park District
1324 Golf Road
Waukegan, IL 60087
Attn: Elizabeth Fallon

DROP OFF:

Field House Sports, Fitness & Aquatics Center
800 Baldwin Ave
Waukegan, IL 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** 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** for food vendors from the Lake County Health Permit-
www.lakecountyil.gov/health (See page 8 of this packet for an example.)
4. **Payment:** to pay by **Check** make payable to Waukegan Park District
OR to pay by **Credit Card** make arrangements to pay online with credit card.
All fees are due with application & agreement.

WAUKEGAN PARK DISTRICT

VENDOR APPLICATION & 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 Fallon 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 checked="" type="checkbox"/>	2023 EVENTS	EVENT DATE	LOCATION	FEE FP / NFP	APPLICATION DEADLINE
	Eggstravaganza Trail	APRIL 8 (SAT)	Rose Park	\$50/\$20	3/25/23
	*Touch A Truck/Police Night Out <i>Joint event the City of Waukegan requires</i>	AUGUST 4 (FRI) <i>a separate form to be</i>	Waukegan Beach <i>completed</i>	\$50/\$20	7/22/23
	Halloween Trick or Treat Trail	OCTOBER 28 (SAT)	Bowen Park	\$50/\$20	10/14/23
	Turkey Trot	NOVEMBER 11 (SAT)	SportsPark	\$50/\$20	10/28/23
	<i>Other:</i>				
	<i>Other:</i>				

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.
 I would like a WPD supplied tent – additional \$10/event (limited supply/first come basis)
 Enclosed is my vendor fee(s) of \$

VENDOR INFORMATION

Organization Name	
Address, City, Zip	
Representative Name	
Rep Phone	
Rep Email	
Description of goods or services offered. <i>Nature of your business</i>	
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. Any lack or deficiencies in insurance coverage shall not be construed as a waiver of the Vendor's obligations or financial responsibility. The Waukegan Park District will not in any way defend the **Vendor** in matters of liability.

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.**

SPECIFIC EVENT VENDOR INFORMATION FORM

Complete this page for EACH EVENT you plan on participating at
Changes to this information must be submitted and approved prior to the event application deadline listed on page 2.

Event Name ONE (1) FORM FOR EACH EVENT	
Day of Event Vendor Contact Name <small>Needed for any last-minute schedule changes</small>	
Contact Cell Phone	
Contact Email	
Tent and Space Needs <small>Booth space is approximately 10X10</small>	<input type="checkbox"/> Will not be using a tent <input type="checkbox"/> Will be bringing a 10x10 tent <i>must be staked down and not larger than 10x10</i> <input type="checkbox"/> Will need a larger space; requested size Click or tap here to enter text. <input type="checkbox"/> Request a WPD 10x10 tent – additional \$10 per event (limited supply/first come basis)
Table and Chair Needs <small>The district will supply one (1) table and two (2) chairs</small>	<input type="checkbox"/> Will use the one (1) table and two (2) 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	
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 event the Vendor may be asked to leave with no fee reimbursement.
Description of Items being sold <small>Put N/A if this does not apply.</small>	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 AND POSTED THE DAY OF THE EVENT.
Special Requests	

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

All applicable City of Waukegan fees and ordinance compliance is the responsibility of the vendor.

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

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 may be cancelled, 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. The District will not in any way defend the Vendor in matters of liability.

To follow the rules stated below:

- Ensure all tents being used are staked or secured to the ground; if there are high winds (approximately 25mph) day of event, vendor may be asked to remove their tent.
- Secure any propane tanks used to prevent them from tipping over.
- Post the prices of any items being sold; obtain pre-approval from District for all items being sold.
- Do not display any inappropriate logos or written language, such as those related to alcohol or anything else not family friendly in vendor area (i.e., tents, cups, signs, shirts, hats, etc.).
- Supply all 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. It is the full responsibility of the Vendor to ensure all equipment and supplies are in safe condition for use and are not used in such a way that a hazard is created (i.e., extension cords creating a trip hazard, hot surfaces accessible by the public, damaged extension cord).
- Abide by all city and park district ordinances as well as any health department codes or any other local, state, and federal laws, rules, or regulations that may apply.

District reserves the right to cancel this agreement for any reason. Notice will be given as soon as reasonably possible. Fees will be returned in all cases except for incomplete paperwork by deadline or noncompliance with stated rules.

This Agreement shall be interpreted, enforced, and construed in accordance with the laws of the State of Illinois. Venue for any litigation hereunder shall be in Lake County, Illinois; and should diversity jurisdiction apply, in the United States District Court for the Northern District of Illinois Eastern Division. By signing this agreement, Company expressly consents to personal jurisdiction in the State of Illinois. This paragraph will survive termination of this Agreement.

This Agreement constitutes the entire agreement between the Vendor and the District pertaining to the subject matter hereof and supersedes all prior or contemporaneous agreements and understandings either oral or written. No modifications of this Agreement shall be effective unless made in writing and signed by both the Vendor and the District. If ever there are conflicts between signed documents, this contract prevails.

INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, the above Vendor 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.

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

SIGNATURE

Print Vendor Representatives Name

Title

Print Vendor Company Name

Signature

Date

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 cancelation of request. ALL cancelations 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	List of Required Paperwork
<input type="checkbox"/>	<input type="checkbox"/>	Vendor Agreement must include appropriate signatures.
<input type="checkbox"/>	<input type="checkbox"/>	Fee Amount Enclosed \$
<input type="checkbox"/>	<input type="checkbox"/>	<p>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:</p> <ul style="list-style-type: none"> • General Liability Coverage – for all; Minimum limits of \$1,000,000 per occurrence and \$2,000,000 general aggregate, can be combined with umbrella. • 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. Use stated Mailing Address below as the Certificate Holder. • Auto Coverage – for vendors who need to bring automobiles on district property other than a passenger car or truck or cargo van. Needed for such vehicles as RVs, CDL vehicles, trailers, animal pulled vehicles, etc. Minimum limits of \$1,000,000 per accident. • 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. <p>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.</p> <p><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></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Health Department Food Permits & City of Waukegan Business license If food is being sold, <u>Vendor agrees to have a Health Department permit and a City Business License</u> and abide by all health codes. The Vendor must supply their own heat source, sanitizing equipment and serving utensils.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>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 and posted day of event.</p>

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

EMAIL:
 efallon@waukeganparks.org

MAIL: Attn-Elizabeth Fallon
 Waukegan Park District
 1324 Golf Road
 Waukegan, IL 60087

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

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 Kallew Eccles		847-872-4982 847-872-2528	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FASTE-1
INSURED A3C Vendor Waukegan, IL 60087	INSURER(S) AFFORDING COVERAGE INSURER A: Pekin Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 24228

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		GL12345	06/03/13	06/03/14	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 \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	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			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 <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	DEDUCTIBLE \$ RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A 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 CANCELLATION

Waukegan Park District 1324 Golf Road Waukegan, IL 60087	WUAUQPAR SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVIS AUTHORIZED REPRESENTATIVE <i>Kalley R. Eccles</i>
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Certificate Holder Information should be listed here - like this.

ACORD 25 (2009/09)

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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
END DATE: 10/28/13

CERTIFIED MANAGER: ABC Vendor Manager
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 ZOMBIEWAUK 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

[Forms & Applications | Lake County, IL \(lakecountyil.gov\)](http://lakecountyil.gov)

EXAMPLE

COUNTY OF LAKE
STATE OF ILLINOIS

WAUKEGAN
City of Progress Illinois

VALID THROUGH:
Dec 31, 2021

No: 12295


REGISTRATION / LICENSE


Name:
Address:
City:

Date:
Doing Bus. At:

For permission to operate:

	AMOUNT
Fiat Rate Fee	\$250.00
TOTAL	\$250.00


SAM CUNNINGHAM
Mayor


JANET E KILKELLY
City Clerk

City of Waukegan, 100 N Martin Luther King Jr Ave, Waukegan, Illinois 60085-4395

Ownership of registration/license and location of premises of registration/license not transferable
THIS REGISTRATION/LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS AND MAY BE REVOKED FOR VIOLATION OF FIRE, HEALTH, ORDINANCES, OR OTHER REGULATIONS

[Licensing Department | Waukegan, IL - Official Website \(waukeganil.gov\)](http://waukeganil.gov)