

# 2016 BLOOMINGDALE SEPTEMBERFEST

43rd Annual Celebration

Saturday, September 10, 2016 11:00 AM until 10:00 PM  
Old Town Bloomingdale Route 20 and Bloomingdale Road

## FOOD VENDOR APPLICATION

PLEASE PRINT ALL INFORMATION

Business Name: \_\_\_\_\_

Illinois Business Tax ID number \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Print clearly ~ All correspondence will be by email.**

### BOOTH SPACE

Number of 10 x 10 spaces Qty \_\_\_\_\_ @ \$70 = \_\_\_\_\_

Number of table rentals Qty \_\_\_\_\_ @ \$10 = \_\_\_\_\_

Electrical fee \$30 one outlet Qty \_\_\_\_\_ @ \$30 = \_\_\_\_\_

Additional outlets \$10 each Qty \_\_\_\_\_ @ \$10 = \_\_\_\_\_

Donation to Joe Draghi Scholarship \$5.00 minimum = \_\_\_\_\_

Total fee enclosed = \_\_\_\_\_

Leaving the Fest at 5:00 PM Yes \_\_\_\_\_ No \_\_\_\_\_

**Application deadline:** Aug 30th, 2016.

Septemberfest Commission reserves the right to accept or decline any booth application.

**To pay by check:** Make checks payable to Village of Bloomingdale.

Mail or drop off your payment with a completed application at Village of Bloomingdale, 201 S. Bloomingdale Road, Bloomingdale, IL 60108, Attn: Bloomingdale Septemberfest.

**To pay by credit card:** Visa or MasterCard Only

Fax your completed application to 630-893-5136; then call the Village at 630-893-7000, ext 5636 with your credit card number. A completed, signed application must be received by the Village Hall in order to make the payment by credit card.

Cancellations must be received by Sept 1st, 2016 in order to receive a refund.

**Proposed food items for sale – please be specific**

---

---

**SET-UP** will occur from 7:00 AM to 10:30 AM on Saturday September 10th, 2016.  
Please move your car ASAP, so other vendors can get access to their booth.  
We will E-mail confirmation of your booth location September 6th, 2016.

**TAKEDOWN:** We will open the roads and allow you to take down your booth at 10 PM.  
5 PM departure by request only (see page 1). All exhibitors are responsible for clearing their area before leaving.

**EXTENSION CORDS are to be UL Ground Fault Protected for outdoor use.** All cords are to be protected from physical damage and must be secured to the floor of the booth with approved tape. Plugs are to be above ground to protect them from water. Under no circumstances will homemade electrical extension cords and/or electrical outlets be allowed.

**HOLD HARMLESS AGREEMENT:** To the fullest extent permitted by law the Vendor hereby agrees to defend, indemnify and hold harmless the Village of Bloomingdale, Bloomingdale Park District, and all officials, agents and employees of said entities, (herein referred to as the indemnified parties), against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, cost and expenses, which may in anywise accrue against the indemnified parties, arising in whole or in part or in consequence of the performance of this work by the Vendor, its employees, or subcontractors, or which may in anywise result therefore, except that arising out of the sole legal cause of the indemnified parties, the Vendor shall, at its own expense, appear defend and pay all charges of attorneys and all costs and other expenses arising therefore or incurred in connections of attorneys and all costs and other expenses arising therefore or incurred in connections therewith, and, if any judgment shall be rendered against an indemnified party, in any such action, the Vendor shall, at its own expense, satisfy and discharge the same. Vendor expressly understands and agrees that any insurance policies required or provided, shall in no way limit the responsibility to indemnify, keep and saver harmless and defend the indemnified parties.

**Signature:**

---

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note that the following items must be included with your application:**

Application form (page 1), signed "Hold Harmless Agreement" (page 2), food vendor requirements (page 3), full payment and certificate of insurance.

**The Certificate Of Insurance** (food vendors only) must be included in order for your application to be considered.

Please note: The Committee recognizes that copies submitted with your application may expire shortly before the Fest. All vendors are asked to send the most current Certificate Of Insurance that they have on file and send an updated certificate thereafter as soon as possible. In addition, an original certificate valid during the date of the Fest must be on file with the committee no later than Sept 1st, 2016. **Your application will not be valid until all of the above mentioned materials are received. There will be no exceptions.**

For additional information about Septemberfest, please contact Vivi Frumkin at 630-894-6637 or email at [vivi@flash.net](mailto:vivi@flash.net)

## FOOD VENDOR REQUIREMENTS

### CERTIFICATE OF INSURANCE REQUIREMENTS:

**\*\*\*\*\*Certificate Holders ~ Exact wording required\*\*\*\*\***

Name and address: Village of Bloomingdale, 201 S. Bloomingdale Road, Bloomingdale, IL 60108  
**AND** Bloomingdale Park District, 172 S. Circle Ave, Bloomingdale, IL 60108

**\*\*\*\*\*Listed as Additional Insureds ~ Exact wording required\*\*\*\*\***

Description of Operations/Vehicles/Restrictions/Special items: 2016 Bloomingdale Septemberfest, September 10, 2016. Old Town Bloomingdale, Rt 20 and Bloomingdale Rd. Listed as additional insured Village of Bloomingdale and Bloomingdale Park District and all officials, agents, employees and volunteers of said entities.

**General Liability:** \$1,000,000 combined single limit per occurrence for product liability, bodily injury, personal injury and property damage, with a General Aggregate of \$2,000,000.

**Workers Compensation:** Statutory limits

**Automobile Liability:** If a business owned vehicle would be on-site, \$1,000,000 combined single limit.

**Liquor Liability:** If liquor is to be served by the vendor \$1,000,000 per occurrence, \$2,000,000 aggregate liquor liability insurance is required.

**Tags should be present on tents.** If a tag is not evident, the food vendor must provide a certificate stating the tent is non-combustible/flameproof. All tents and ancillary canopies or shade devices shall be flame resistant and a certificate shall be provided from an approved testing laboratory stating such.

**Open Cooking:** Open cooking on stove and charcoal grills must be done outside, behind the vendor's booth. Fryers may be placed under the tent roof, along the rear of the tent. In such cases, vendors must provide a protective metal barrier. Only steam and warming ovens will be allowed within the booth. Please note: Charcoal ash and grease are to be disposed of in designated container only.

**Fire Extinguishers:** All vendors must have a minimum of a 5lb. ABC multi-purpose dry chemical extinguisher located in the booth. Vendors utilizing an appliance that uses oil to cook are to have a Type-K extinguisher (current inspection tag must be attached to the extinguisher)

**Propane Tanks:** Portable propane (LPG) containers, piping, valves and fittings, which are located outside and are being used to fuel equipment inside a booth shall be leak-free and securely fastened in place to prevent movement.

**Booth Inspections:** Representatives from the Bloomingdale Fire Department and Village of Bloomingdale will be conducting booth inspections beginning at 10:30 AM on Saturday, September 10, 2016. Please have a representative from your business available at the booth in preparation for the inspections, which will be coordinated with the DuPage County Health Department. Vendors must have a representative present at this time and meet all Fire Department, Village and Health Department requirements in order to open their booth for business at 11 AM on Saturday, September 10, 2016.

**DuPage County Health Department:** An operator's permit from the DuPage County Health Department is required. Vendors are responsible for contacting the DuPage County Health Department in Addison at 630-682-7979 for information regarding the operator's permit. Non-compliance with the Health Department will be grounds for expulsion.

**I have read and understand the above regulations.** **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_