



Temporary Food Vendor Application

8 East Galena Blvd. • Aurora, Illinois 60506 • (630) 723-2463 • FAX (630) 892-1084 • brianaj@ParamountArts.com • RiverEdgeAurora.com

Business Information				
Legal Business Name:				
DBA ("Doing Business As"):				
Business Address:				
Mailing Address (if different from above):	·			
Bus. Phone Number:	Fax Number:			
Personal	Contact Information			
Operator/Applicant Name:				
Mobile Number:	Email:			
Emergency Contact (other than applicant):	Phone Number:			
Can your contact info. be given to companies renting	the park interested in food vendors? YES NO			
M	enu and Prices			
· · · ·	lete list of all proposed items with full descriptions and prices nt variety, all items are subject to approval by the RiverEdge and beverage items are allowed to be sold.			
<u>Item</u>	<u>Price</u>			
				
* Vendor may only sell fountain and bottled Pe	epsi products at the same size and price as RiverEdge Park.*			
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FOR OFFICE USE ONLY Rec'd by:	Date: Time:			

References Have you previously been an approved RiverEdge Park Food Vendor: No Yes					
					If you answered YES to the previous ques
2) References: If you are a new vendor to with for outdoor vending events.	2) References: If you are a new vendor to these events, please include up to three references that you have worked with for outdoor vending events.				
Name: Phone #:					
Name:Phone #:					
Name:Phone #:					
3) Festival Experience: Please provide an outdoor event or festival.	y information about you or your cor	mpany having been a food vendor at an			
Event name:					
	Event Fee Schedule				
<u>Per Day</u> 10' x 10' space @ \$225.00	<u>Per Day</u> 10' x 20' space @\$275.00	Per Event Day 10' x 30' space @ \$325.00			
All trailers, equipment and products must be within the dimensions of your reserved space and not permitted					
Please mark the size of vendor space red	outside that area. No exceptions. uired:	30' space			
Security Deposit : A \$100 deposit is required <i>Articles of Agreement</i> as part of the contragreement are followed.		=			
Processing Fee : A \$50 processing fee is to vendors after they are approved by River set-up on the premises and will be submi	Edge Park. This license must be obta	ined in order for any food vendor to			
Bond: Submit either Event Based License Koch with the City of Aurora for more info		the City of Aurora. Contact Charles			
Tota	l Fees For a Temporary Food Ven	dor			
Pro Bond: Submit either Event Base	Deposit: one hundred dollars (\$100.0 ocessing fee: fifty dollars (\$50.00) ed License Fee or Annual Vendor Licensed on size of area and number of a	ense Fee to the City of Aurora.			

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Insurance	RAMILITAM	antc
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- 1) <u>Insurance:</u> Temporary Food Vendors of the Aurora Civic Center Authority (ACCA), including RiverEdge Park, are required to provide ACCA with a Certificate of Insurance encompassing the year in which the license will be valid (any event dates) for the following:
 - \$1,000,000 Per Occurrence- General Liability
 - \$2,000,000 Aggregate-General Liability
 - \$1,000,000 Workers' Compensation
 - \$1,000,000 Umbrella
 - \$1,000,000 Automobile (any vehicle(s) on site including personal vehicles)

Please include the following in: <u>A) Description of Operation box:</u>

Aurora Civic Authority is included as an additional insured on a primary and non-contributory basis with respects to General Liability coverage. Waiver of subrogation is granted in favor of Aurora Civic Center Authority with respects to the General Liability coverage

B) Certificate Holder:

Aurora Civic Center Authority, 8 E. Galena Blvd., Aurora, IL 60506

agreer	of valid insurance, including above requirements mus ment. Failure to remit evidence of insurance prior to pation. No refunds.	st be provided to RiverEdge Park along with this signe the event will result in the forfeiture of your	<u>:d</u>
	nce Company:ss:		
Checkl	Insurance company information filled out (page 3) Provided a copy of Certificate of Insurance that mee References and Experience information completely Proposed Menu Items and Prices completely filled of Vendor Application pages 1-3 initialed Eturned application without all items above will be contained.	ets requirements (page 3) filled out (page 2) out (page 1)	
	Applicant S	Signature	
inforn	hereby submit this application contained in the application and that the info	ormation contained therein is true and correct.	
 Venda	or Annlicant Signature Titl	e Date	_

If you have questions please contact: Briana Jackson (630) 723-2463 or email at brianaj@ParamountArts.com

Please return application to:
Aurora Civic Center Authority
Attn: Briana Jackson
8 East Galena Blvd. Suite 230
Aurora, Illinois 60506
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