





Merchandise Vendor Application

8 East Galena Blvd. • Aurora, Illinois 60506 • (630) 723-2488 • FAX (630) 892-1084 • jenniferh@ParamountArts.com • RiverEdgeAurora.com

Business Information			
Legal Business Name:			
	Fax Number:		
FEIN, IBT or SSN:	Email:	<u> </u>	
	nority (MBE)/women (WBE)/disabled (DE WBE DBE Green None of	BE) owned or qualifies as a green business the above	
Vendor Type: Temp Food _	Merch _X_ Sound and Lighting Eq	uipment Other Service:	
Date of first day of operation a	the location:		
Estimated number of people e	nployed at the location this calendar yea	r: Full Time Part TimeTemp	
	Contact Information		
Operator/Applicant Name:			
Address:			
		Email:	
	applicant):		
Mailing Address (if different fro	om above):		
Phone Number:	Mobile Number:	Email:	
Rec'd by	FOR OFFICE USE ONLY	Time·	
APPROVED	Date: DENIED Date:	1 IIIIC.	

General Information

- 1) <u>Insurance:</u> Merchandise 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

Failure to remit evidence of insurance prior to the event will result in the forfeiture of your participation. No refunds.

Copy of valid insurance, including above requirements must be provided to RiverEdge Park along with this signed agreement.				
Insurance Company:		Agent:		
Address:		_Phone:		
Merchandise Vendor / Sponsor Exhibit Specific Information				
with for outdoor vending event Name:	s Event:	e include up to three references that y Phone #: Phone #:		
Name:	Event:	Phone #:		
Been in business since:		ur company having been in business.		

Fee Schedule				
For a Merchandise Vendor (Non-Band N	леrchandise)			
Application fee: ten dollars (\$10.00))			
Per event fee: based on event	•			
General Information				
Merchandise Vendor Space: includes ac Please provide a long outdoor rated exte All tents, tables, chairs etc. must be pro All tents must have 20lb weights per leg	ension cord since the vided by the Mercha	power hook-up may be several feet away.		
	Applicant Signat	ure		
I		application with having personal knowledge of the contained therein is true and correct.		
Vendor Applicant Name (Please Print):				
Vendor Applicant Signature	Title	Date		

If you have questions please contact: Jennifer Binversie-Hahn (630) 723-2488 or email at jenniferh@ParamountArts.com

Please return application to: Aurora Civic Center Authority Attn: Jennifer Binversie-Hahn 8 East Galena Blvd. Suite 230 Aurora, Illinois 60506