

# Aroma Park

## Two Rivers Festival

### Food Vendor Application

**Friday & Saturday September 7 & 8, 2012**

(Complete Fields Below & Mail Form & Payment By August 1, 2012)



**FRIDAY**  
 SEPTEMBER 7TH  
 5:00PM - 11:00PM

**SATURDAY**  
 SEPTEMBER 8TH  
 11:00AM - 12:00AM

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Gender** \_\_\_\_\_

**We will reply via e-mail or Phone to acknowledge receipt of your entry.**

**Please list ALL food items and prices you plan to sell. Please note that each vendor is limited to a total of five (5) items.**

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_

I, the undersigned, hereby for myself, my heirs, my executors and administrators, waive and release all organizers, sponsors, and volunteers from all damages, demands actions whatsoever in any manner arising or growing out of my participation in this event. I attest and verify that I am aware of and assume all risks. I hereby grant permission for the use of any and all photos of this event in which I may appear, and waive compensation for such use.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to: Two Rivers Festival • PO Box 117 • Aroma Park, IL 60910**  
**Contact: Brian Staniszeski 815-325-7233 or Walter Schneider 815 928-8863 for more info.**

Please do not fill out this section below This space provide for Two Rivers Festival Committee.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Check # _____                        | Date Received _____                     | Contacted by: _____   |
| <input type="checkbox"/> Cash                                 | Date Contacted _____                    | <input type="checkbox"/> Email <input type="checkbox"/> Phone |
| <input type="checkbox"/> Certificate of Insurance             | <input type="checkbox"/> Items Approved | <input type="checkbox"/> Application Approved                 |
| <input type="checkbox"/> Kankakee County Health Dept. License |   | <input type="checkbox"/> Application Declined                 |

## Rules & Regulations

All concessionaires must contact the Kankakee County Health Department to purchase/obtain a permit or license. The Kankakee County Health Department should be contacted to obtain the necessary forms. Health Department Licenses must be available in your booth during the entire fest. There will be no refunds of application fees if your license is revoked at any time during the fest.

Kankakee Health Department Licenses  
2390 W. Station St.  
Kankakee, Illinois 60901  
815-937-3560

There are insurance requirements for all concessionaires participating in the Two Rivers Festival. All Concessionaires must provide a Certificate of Insurance verifying current Commercial General Liability (including product and completed operations liability) with a minimum line of \$1,000,000 per occurrence. Certificate of Insurance must include the following insured's for this event:

The Village of Aroma Park - Two Rivers Festival.

(If Application is approved a Certificate of Insurance must be returned by August 1st. )

**Booth Fee:** \$100 10x20  Water

**Electric Requirements:**  110v/30amp  220v 50amp  None

(Every effort will be made to make your connection as close as possible to an electrical outlet. In some instances you may need a longer extension cord.)

The Two Rivers Festival Committee will not be held responsible for any loss of goods or property or and injuries to concessionaires.

We will only accept a limited number of Concession stands applications. They will be considered for approval on a first come first server basis.

The Two Rivers Festival Committee reserves the right to reject any application.

The undersigned has read the rules and regulations, which are part of this contract, and by signature below agrees to adhere and abide by all the terms and conditions outlined in this contract. This agreement shall be construed pursuant of the laws of the state of Illinois.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_