



Number

7-1

**Contract Service
Registration Application**

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

Business Information

Legal Business Name: _____

DBA ("Doing Business As"): _____

Business Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ Fax Number: _____

FEIN, IBT or SSN: _____ Email: _____

Identify whether business is minority (MBE)/women (WBE)/disabled (DBE) owned or qualifies as a green business (check all that apply): MBE WBE DBE Green None of the above

Vendor Type: Temp Food Merch Sound and Lighting Equipment Other Service: _____

Date of first day of operation at the location: 2014 Season

Estimated number of people employed at the location this calendar year: Full Time _____ Part Time _____ Temp _____

Contact Information

Operator/Applicant Name: _____

Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ Mobile Number: _____ Email: _____

Emergency Contact (other than applicant): _____

Address: _____

Mailing Address (if different from above): _____

Phone Number: _____ Mobile Number: _____ Email: _____

FOR OFFICE USE ONLY

Rec'd by: _____ Date: _____ Time: _____
APPROVED _____ DENIED _____ Date: _____

General Information

1) Insurance: 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: A) Description of Operation box:

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: _____

Contract Service Provider - Additional Information

2) References: If you are a new vendor to RiverEdge Park, please include up to three references that you have

1) References: If you are a new vendor to RiverEdge Park, please include up to three references that you have worked with for outdoor vending events.

Name: _____ Event: _____ Phone #: _____

Name: _____ Event: _____ Phone #: _____

Name: _____ Event: _____ Phone #: _____

2) Experience: Please provide any information about you or your company having been in business.

Been in business since: _____

Other information about your company's reputation/history: _____
