Preferred Vendor Application

Complete this form and return to In Person: Prairie Point, 313 E. Washington St, Oswego, IL 60543 Mail: Reservations, 313 E. Washington St, Oswego, IL 60543

Email: reservations@oswegolandpd.org



Annual Preferred Vendor Fee of \$50. If application is not approved, the fee will be refunded.

Documents required at time of application:

- Copy of County Health Department Permit (if applicable).
- **Certificate of Insurance** with required liability limits in the amount of \$1,000,000.00 listing Oswegoland Park District as primary, non-contributory additional insured under the general liability policy.

Vendor Information					
lame (Representative/Contact Person)					
ontact Phone Number	Contact E-mail Address	Contact E-mail Address			
endor/Business Name	Description of Services	Description of Services			
endor Address	City	State Zip code			
ype of Services Provided					
] Food Vendor □ Tent Vendor □ Bai	nd/DJ 🗆 Inflatable Amusement				
Other (please specify: clown, face painter	; etc)				
Insurance/Health Department Info	rmation (copy of forms must be attached to application) Policy Number	cation) Expiration Date			
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Insurance/Health Department Info	Policy Number Expiration Date	Expiration Date Office Use			

Vendor Fee Due		Amount		Notes
Preferred Vendor	\$50			
TOTAL Due:	\$50			
Payment Circle type	mostercord.	VISA ******	CASH	CHECK:
Card number		Expiration Date	CVV	
Name on card		Authorized Signat	ture	
at least 21 years of age and with the activity for which all loss incurred by it in repemployees, agents, monit control. I further agree to of from any liability to any pethe actions of the applicanble or should have been up I have read and understan District laws, ordinances, resibility and all other aspecements may result in the de	d author approversions, or defend ersons, or not, its of nder the dall sprules and ts of partial or	prized to bind the ever al is being sought to or replacing damage any other persons at without costs, indem damages, losses, or i ficers, employees, as the control of the applace are control of the applace are regulations and again articipating in an ever cancellation of Preference	ent, spon the term to Oswetending of nnify, and njuries and genda, in icant. /requires gree to ment on Osy rred Vene	dication is true and correct to the best of my knowledge. I hereby attest that I am sor, and/or its employees, agents or volunteers associated or to be associated is of this agreement. I agree to reimburse Oswegoland Park District for any and agoland Park District property proximately caused by the applicant, its officers, or forming the special event or rental who were or should have been under my dishold harmless Oswegoland Park District, its officers, agents, and employees rising out of, or alleged to arise out of, the event which was proximately caused by accluding monitors or persons attending or joining in the event who were responsiments/agreements. I do hereby agree to abide by all federal, state, local and Park leet all requirements for documentation, certification, licensing, financial responsed and Park District property. I understand that lack of meeting all requiredor status. In the event that information provided on this form changes, please any prior to any future events.
Applicant Signature				 Date
and federal laws. Any muling and payment of set. Vendor will provide a conon-contributory addit provided in subsection from liability resulting five before Oswegoland Pathon-issuance/revocation provide an updated Cet. Vendors who drive equive requires a Dig # for evetoswegoland Park Distribution.	v and a nonetar ervices ertificat ional in 5.02(a) rom his rk Distr on of ap ertificate ipment icy even ict rese	dhere to the rules an ry exchange between and/or products need to of insurance with resured under the genus of Oswegoland proval may occur for e of Insurance when put into the ground will at.	d regulate vendor ed to be dequired lead liabil acque Park Distal to an oter failure toolicy requirements this with the colicy requirements the colicies of the colicies requirements the colicies	tions of the Oswegoland Park District, as well as applicable local, county, state and customers will not take place on Oswegoland Park District property. Schedcompleted before or after events and not on Oswegoland Park District property. liability limits of \$1,000,000 naming the Oswegoland Park District as primary, lity policy. Section 5.02 Insurance and Hold Harmless Agreement. (a) Except as sire general liability insurance to protect himself and the Oswegoland Park District property and provide proof of such insurance to Oswegoland Park District therwise valid applicant. To provide acceptable insurance coverage, as well as if Preferred Vendor fails to news within the contract terms. Tred to contact JULIE at 800.892.0123 prior to setup. Oswegoland Park District is permit if applicant misrepresents, falsifies, withholds information or requiregoto this permit or any ordinances are violated. In such cases, the vendor fee will

received on or after November 15 will be applied to the following calendar year.

Applicant Signature

P:\Leisure Services\Reservations\Forms

Date