



Crossroads Fest 2020 Concessions

APPLICATION PROCESS CHECKLIST

Fest Dates : August 7, 8, & 9, 2020

Please make sure that you have all application items complete or your application will not be considered:

- ☐ Step One: Complete the 2020 Concession **Application**
- ☐ Step Two: **Sign the Rules and Regulations Page**
- ☐ Step Three: Confirm that you **listed only four main menu items** that you will serve.
- ☐ Step Four: Provide a **sketch of your booth space layout**
- ☐ Step Five: Did you **include a certificate of insurance** with required limits and additional insureds?
- ☐ Step Six: Include your **check payable to the Shorewood Area Chamber of Commerce** for the correct booth space total.
- ☐ Step Seven: Deliver your complete application to:

Shorewood Area Chamber of Commerce
One Towne Center Blvd., Suite 103
Shorewood, IL 60404

Thank you for your interest in being a concession food vendor at our upcoming Crossroads Festival. All vendors will be notified in writing of their acceptance to the Fest.

Please feel free to call our office with any questions or concerns you may have.

VENDOR FEES

Standard Booth for SACC Member	\$350	Premium Booth for SACC Member	\$700
Standard Booth for Non Member	\$450	Premium Booth for Non-Member	\$900

All Vendors must be paid in full by July 13th or forfeit your booth space. No exceptions

Shorewood Area Chamber of Commerce
One Towne Center Blvd., Suite 103
Shorewood, IL 60404
815-725-2900 phone / 815-725-3573 fax
www.shorewoodchamber.com

Crossroads Fest 2020 Concession Application

Please indicate the booth space you are applying for, mark only one.

☐ Regular Booth Space
SACC Chamber Member \$350

☐ Premium Booth Space
SACC Chamber Member \$700

☐ Regular Booth Space
Non Member \$450

☐ Premium Booth Space
Non Member \$900

Regular booth space is 20' wide (serving side)
by 10' deep where you will be able to serve
from one side to eat street patrons.

Premium booth space is 10' wide (serving side)
by 20' deep but has the ability to serve to both
eat street patrons and to entertainment/beer tent
patrons.

Business/Organization: _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Email: _____

Phone #: _____ Cell #: _____

Resale Tax Number: _____

YOU MAY NOT SELL:

POPCORN, COTTON CANDY, SNOW CONES OR FUNNEL CAKES.

List a maximum of **FOUR** main menu items you will serve and two alternates. **THIS MAXIMUM WILL BE STRICTLY ENFORCED.** Main menu items will be limited and the Chamber will not allow more than 2 vendors to serve the same main menu items. Examples of a main menu item is hamburger, hotdog, pizza, etc. If your item is already taken the Chamber will call you to select an alternate item.

1. _____ 4. _____
2. _____ 1st Alternate: _____
3. _____ 2nd Alternate: _____

Side Dishes (examples are french fries, chips, etc): _____

Space Requirements: You must adhere to the booth space sizes and can not go beyond your 10' x 20' space.

What type and size of vehicles will you be using to drop off your equipment? _____

How much time do you need to drive in and drop off your equipment? _____

How much time do you need to be fully set up and ready for inspection? _____

Will you be dropping a trailer as your concession booth? _____

Type and number of appliances: _____

Please check which Electrical and amp services is applicable to your needs:

Electrical: 110V _____ 40 Amp Max: _____

Electrical 220V _____ 40 Amp Max: _____

Should the Vendor require an additional 120V, 20 amp circuit, the Vendor agrees to pay an additional flat fee of \$50.00 per additional 120V, 20 amp circuit.



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Rules and Regulations Page 2 of 2

WILL COUNTY HEALTH DEPARTMENT PERMIT APPLICATION

Once your application has been approved, SACC will mail you a Will County Health Department Application. It is your responsibility to complete the Application, submit it to the Health Department and pay all necessary fees or we will not ensure your spot at the Crossroads Festival. Requirements can be found at www.willcountyhealth.org.

SET UP ON FRIDAY, AUGUST 7, 2020

We appreciate that your time is very valuable, therefore additional efforts are being made to ensure all vendors have the appropriate amount of time for set-up. The Fest Committee will assign specific time slots for arrival and set-up for each vendor. If you do not arrive and complete set-up during your assigned time you may be charged a \$50.00 late arrival fee. Your specific check in time will be released to you by Monday July 27, 2020. Check-in will begin on Friday, August 7 at 7:15a.m.

No trailers are allowed on site before your scheduled check-in. No more than two vehicles are allowed at your booth site at any one time during the set up time. You MUST unload your vehicle immediately and then park it in the parking lot specified for Eat Street Vendors.

All concessions must be set up and ready for the Will County Health Department inspections no later than noon on Friday, August 7, 2020, or the vendor will be asked to leave and will forfeit their application fee. Any vendor not meeting inspection will be required to leave and will forfeit their application fee.

ELECTRIC

If you are unable to provide your own power source, you must be GFCI compatible. All units over 40 amps must provide their own power.

NOTE: Vendor is responsible for providing extension cords and power strips. All cords must be a minimum of 12 gauge 120V specified for outdoor use. All power strips must be UL listed with surge protector. Cords will be inspected after set-up prior to the fest opening, as well as periodically during the event to insure all specifications are being met. Vendor(s) not meeting these specs will be required to remove and replace the cords/strips immediately.

MINIMUM REQUIRED VENDOR HOURS OF OPERATION:

Friday, August 7, 2020	5:00 pm to 11:30pm
Saturday, August 8, 2020	12:00 pm (noon) to 12:00am
Sunday, August 9, 2020	1:00 pm to 7:00 pm

I hereby certify that I have read, understand and will abide by the rules and regulations set forth on pages 1 and 2 of the Rules and Regulations as well as any restrictions detailed on the Concession Application Form.

Agreed and Acknowledged this _____ day of _____, 2020

Signature: _____



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Rules and Regulations Certificate of Insurance Requirements

You must provide a copy of a certificate of insurance with the following requirements with your application. The original **must** be mailed to the Shorewood Area Chamber of Commerce at the address below:

REQUIREMENTS

NAME AS ADDITIONAL INSURED on all policies (except Worker's Compensation):

- Shorewood Area Chamber of Commerce, Inc.
One Towne Center Blvd, Suite 103
Shorewood, IL 60404
- The Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404

UNDER DESCRIPTIONS OF OPERATIONS/LOCATIONS YOU MUST LIST:

- Cene's Four Seasons Park (Crossroads Festival, Aug 7-9, 2020)
25520 W. Seil Road
Shorewood, IL 60404

COVERAGE:

- Required minimum general liability coverage of \$1,000,000 per occurrence and \$2,000,000 per aggregate.
- Certificates must provide 30 days prior written notice of cancelation to all listed additional insureds.
- Additional insureds may be removed after conclusion of agreed upon work and in accordance with the schedule.