



Bolingbrook

a place to grow



Roger C. Claar
Mayor

Carol S. Penning
Village Clerk

Michael T. Lawler
Deputy Mayor
&
Village Trustee

Village Trustees

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Michael J. Carpanzano
Robert M. Jaskiewicz
Sheldon L. Watts
Maria A. Zarate

James S. Boan
Village Attorney
Robbins - Schwartz



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Bolingbrook, Illinois
60440-3829

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(630) 226-8400
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Recycled For A Better Environment



Dear Vendors,

On Saturday, August 15 and Sunday, August 16, 2020 we will be offering non-food vendors an opportunity to sell at the Jubilee. This event is organized by the Bolingbrook Jubilee Committee and will be held behind Town Center located at 375 West Briarcliff Road (three blocks west of IL Route 53).

Due to electric needs and demands for this event, we are offering non-food vendors a two-day display on Saturday and Sunday only.

Major entertainment will be featured on the main stage each night. Adding to the festivities will be a carnival and bingo tent; a craft show, activities for children, classic car show and many other activities.

Each space will be 10' X 10' with a fee of \$100 for the two days. If you wish to only set up on one day, a fee of \$75 for the one day will be accepted (please specify Saturday or Sunday on application and will be subject to space availability).

Please make your check payable to "Village of Bolingbrook" and send application and check to:

VILLAGE OF BOLINGBROOK
Attn: CCA – JUBILEE VENDOR
375 W. BRIARCLIFF ROAD
BOLINGBROOK, ILLINOIS 60440

email: info@bbcca.org
web: www.bbcca.org

Please be sure to include your completed application and certificate of insurance with your payment (you can obtain this from your insurance agent).

All applications must be received on or before Friday, August 7, 2020.

Sincerely,

Non-Food Vendor Chairperson



TREE CITY USA

A Community of 76,344

BOLINGBROOK JUBILEE – 2020

Saturday, August 15, 2020
Sunday, August 16, 2020

Hours: 12:00 pm – 6:00 pm
Hours: 12:00 am – 6:00 pm

Bingo held each night
Craft show, Children's activities,
Classic Car Show and much more.

APPLICATION FOR SPACE

The Vendor listed on the "Vendor Application for Space" form, hereby agrees to participate in the Bolingbrook Jubilee celebration and will abide by all rules and regulations set forth by the Jubilee Committee.

Vendor further agrees to hold harmless and indemnify the Village of Bolingbrook, the Bolingbrook Jubilee Committee, its members and volunteers and the Bolingbrook Civic and Cultural Affairs Commission, its members and volunteers, from any and all personal and property liability.

INSURANCE: The Village of Bolingbrook, Bolingbrook Jubilee Committee and the Bolingbrook Civic and Cultural Affairs Commission must be named as an additional insured on the Vendor's Liability, Products and Completed Operations Insurance policy. This insurance shall not be less than \$500,000.00. **A Certificate of Insurance shall be in the hands of the Bolingbrook Jubilee Committee by Tuesday, August 11, 2020 with full payment,** for contract to be accepted by the Jubilee Committee.

PLEASE MAKE CHECKS PAYABLE TO **VILLAGE OF BOLINGBROOK** (BE SURE TO INCLUDE YOUR CERTIFICATE OF INSURANCE AND CONTRACT) TO:

**VILLAGE OF BOLINGBROOK
Attn: CCA – JUBILEE VENDOR
375 W. BRIARCLIFF ROAD
BOLINGBROOK, ILLINOIS 60440**

If you have any questions, please email to info@bbcca.org.

VENDOR APPLICATION FOR SPACE

PLEASE TYPE OR PRINT

NAME OF VENDOR: _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip Code: _____

PHONE (required): Day) _____ Evening) _____

EMAIL (required): _____

Need electricity? Yes _____ No _____ Please specify amount of Amps Needed: _____

Describe and/or list items to be sold or what you will be using the space for:

Two Day Vendor – Sat. & Sun.

Number of Spaces _____ X \$100.00 each = \$ _____

One Day Vendor - Specify Day (Saturday or Sunday) _____ (Subject to space availability)

Number of Spaces _____ X \$75.00 each = \$ _____

I hereby agree to abide by & obey rules, regulations and agreements set forth by Bolingbrook's Jubilee Committee.

Agreed to and Accepted by: _____
Signature

Date: _____

OFFICE USE

Check # _____ Date Received _____ Insurance Received _____