



LAKE COUNTY FOREST PRESERVES
www.LCFPD.org

Preservation, Restoration, Education and Recreation

VENDOR PERMIT APPLICATION

CONTACT INFORMATION

BUSINESS NAME BUSINESS OWNER'S FULL NAME

ADDRESS CITY STATE ZIP

BUSINESS TELEPHONE NUMBER FAX

EMAIL ADDRESS (Optional) WEB SITE ADDRESS (Optional)

Insurance:

INSURANCE COMPANY POLICY NUMBER EXPIRATION DATE

Health Department License:

LICENSE NUMBER EXPIRATION DATE

Check the types of services you provide:

- Band/DJ
- Food & Beverage
- Photography
- Portable Toilets
- Other
- Special Activities & Equipment
- Tent Rentals
- Event Management

ANNUAL PERMIT FEE: \$150.00

SINGLE-USE PERMITS: \$100.00

Purchase of a single-use permit allows service for one specified date and event only, and business will not be included on the Approved Vendors List. Single use permits may not be "upgraded" to annual vendor Permit.

IF SINGLE USE, specify Date: _____

Location: _____

Party Name: _____

Permitee agrees to follow and adhere to the rules and regulations of the Lake County Forest Preserve District, as well as the applicable local, county, state and federal laws. Vendor will be required to have the appropriate health licenses and insurance coverage.

All vendors please attach certificate of insurance (minimum \$1,000,000 general liability) naming Lake County Forest Preserve as an additional insured. Food vendors will also need to attach a copy of appropriate health department licenses.

The Lake County Forest Preserve District reserves the right to terminate this permit if: 1) applicant misrepresents, falsifies or withholds information, 2) requirements, restrictions, terms and conditions or rules pertaining to this permit or any Lake County Forest Preserve District ordinance are violated.

The Lake County Forest Preserve District shall not be liable at any time for loss, damages or injury to person or property. Applicant and/or organization agree to hold harmless the Lake County Forest Preserve District, its Commissioners, Officers, Agents, Volunteers, Attorneys and Employees from any and all losses, claims expenses, costs and damages.

CHECK # OR VISA/MASTERCARD # EXP DATE 3-DIGIT SECURITY CODE ON BACK

Please print this document, sign, and include the attachments: *certificate of insurance, health department license (if applicable)*. You may also email this application along with other documents to: **Vendors@LCFPD.org**

SIGNATURE DATE