



# 2024 Winfield Good Old Days Food Court Application

**Friday/Saturday/Sunday – September 6th, 7th & 8th**

## **Food & Non-Alcoholic Beverage Concessions Application Form/Invoice**

Date of Application \_\_\_\_\_  
Organization/Business \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
Contact Person \_\_\_\_\_ Tel. \_\_\_\_\_

Type of Concession: (Be specific about your main menu items, including beverages.)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Note: Vendors have the right to charge any price for food items; however, beverages must be sold for a minimum of \$1.00. Knights of Columbus reserves right to give final approval of food items offered.

### **FEES & FOOD CONCESSION HOURS**

Food Court Vendors \$400.00 per space (approx. 15x15 ft.)  
Local Winfield Vendors \$300.00 per space (approx. 15x15 ft.)  
Coffee/Dessert Vendors \$225.00 per space (approx. 15x10 ft.)  
Not-for-profit Members \$100.00 per space (approx. 15x15 ft.) (Submit tax letter)

Friday, Sept. 6th 4pm - 10pm; Saturday, Sept.7th 11am - 11pm; Sunday, Sept.8th 11am - 6pm

### **ELECTRICITY**

Two electrical outlets (total of 20 amps) are provided. There is an additional charge for special outlets arranged two weeks prior to festival. Additional outlets available at \$50 per 20 amps. You must provide your own extension cord(s) –100-plus feet recommended.

**IMPORTANT: DuPage County Health Dept. food permits are your responsibility. Contact them at 630-682-7400 or website <https://www.dupagehealth.org/285/Permit-Applications-and-Forms>**

Need more information? Tony Reyes, 630-669-0501. Or E-mail us: [pweber@cartoncraftinc.com](mailto:pweber@cartoncraftinc.com)

**Be sure your application includes the following:**

- Completed Food Court Application
- Payment
- Certificate of Insurance with additional insured.

**Completed forms and payment must be received by mail by Friday, August 9<sup>th</sup>.**

Mail to KOC 8002 P.O. Box 286, Winfield IL 60190. Payment: Check-payable to Knights of Columbus Council 8002.

Business/Organization \_\_\_\_\_

Representative \_\_\_\_\_

Address/City/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Agreement:

1. Food vendors will operate within the assigned space and only during specific hours and shall open and close promptly.
2. All business conducted from assigned space shall comply with all applicable state and local laws.
3. This agreement contains all the agreements of the parties relative to Winfield GOOD OLD DAYS food court space rental and no representations, promises or statements expressed or implied have been made to the exhibitor unless contained herein.
4. Food vendors are responsible for the security, safety and storage of their merchandise and equipment and must procure any necessary insurance or licenses required for such.
5. The Knights of Columbus Council 8002, Village of Winfield, its officials, employees and agents, The Tony Reyes Family Foundation, Winfield Park District are not liable for any lost, stolen or damaged goods for any reason.
6. Food vendors are required to provide the Knights of Columbus Council 8002 with a Certificate of Insurance encompassing the event dates for general liability coverage per occurrence with the Knights of Columbus Council 8002, Village of Winfield, its officials, employees and agents, The Tony Reyes Family Foundation and the Winfield Park District as additional insureds.
7. If this agreement is cancelled by Food vendor for any reason, or by Management because of Exhibitor's default or violation of this agreement, monies paid to Management by Exhibitor shall be retained as follows: If cancellation occurs 30 days or more before the start of the festival, Management shall retain 25% of the total rental and return the balance to Exhibitor. If cancellation occurs within 30 days of the festival, the entire rental paid to date by Exhibitor shall be retained by Management. The retained rental shall be liquidated damages for the direct and indirect costs incurred by Management for organizing, setting up and providing space for Food vendor and additional expenses caused by Food vendor's withdrawal including reletting the space. All cancellations must be in writing.

The above business/organization agrees to the conditions set forth by the Knights of Columbus, Village of Winfield, The Tony Reyes Family Foundation, and Winfield Park District to participate as a business exhibitor in Winfield GOOD OLD DAYS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**GOOD OLD DAYS - WAIVER, RELEASE, HOLD HARMLESS AND  
INDEMNIFICATION AGREEMENT 2024**

With regards to my participation in the annual Good Old Days event, I fully understand, appreciate and assume all the risks associated with my involvement in this event. In exchange for my participation, I hereby agree to the following:

1. I voluntarily waive, release and hold harmless the Knights of Columbus Council 8002, Village of Winfield, The Tony Reyes Family Foundation and the Winfield Park District, their elected and appointed officials, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Knights of Columbus Council 8002, Village of Winfield, The Tony Reyes Family Foundation and Winfield Park District volunteer when such bodily injury or death is the result of my own negligent or intentional acts or the act or omissions of another volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of my participation.

2. I shall defend, hold harmless and indemnify the Knights of Columbus Council 8002, Village of Winfield, The Tony Reyes Family Foundation and the Winfield Park District, their elected and appointed officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

\_\_\_\_\_  
Participant Primary Phone Number Date

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Date of Birth Emergency Contact Name and Telephone Number

NOTE: If the individual is, less than 18 years of age, a parent or legal guardian must sign this agreement on behalf of the volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Printed Name