



2025 Food Vendor Agreement

The Taste of Lockport will take place on Hamilton Street in front of Central Square on Saturday, September 20, 2025, 5:00pm–10:30pm

There is NO Fee to participate as a food vendor at the Taste of Lockport!

Last year over 1,500 people attended this event!

Each Vendor will have one 20 x 20 area for this event.

All Event Signage and Printing will be provided for you.
(As long as all information is turned in by August 30th Deadline)

Vendors can request space near a generator for power
(Must reply prior to August 30th with power needs)

All Food Permits and Licensing must be obtained by the vendor.
Lockport Permit **Will County Permit**



Food Vendors must communicate with Will County Health Department regarding applications and inspection requirements.

Food Vendors will be required to list the Lockport Township High School District 205 Foundation on an accord in your liability insurance.

Event food site inspection will take place at 4:00 pm on September 20th.

Handwashing stations will be provided.

Each Food Vendor must submit a check for \$500 that will be returned to you at the start of the event on September 20th to ensure your participation.

The Taste of Lockport is hosted by the Lockport Township High School District 205 Foundation as a fundraiser for student scholarships and teacher grants. All money donated to the foundation can be used as a tax deduction in accordance with IRS laws. EIN # 91-2058652

Business Name: _____

Name of Principal: _____

Phone/Cell Phone: _____

Email: _____

Name of Contact at Event: _____

Event Contact Cell Phone: _____

By signing this agreement, I confirm our participation in the 2024 Taste of Lockport. I understand that I must submit a \$500 check before August 30th that will be returned to me at the event on September 20, 2025. I further understand that if I fail to attend the event, the LTHS Foundation will deposit the \$500 check as a donation and I forfeit my eligibility to have it returned.

I understand that all permits and licensing for this event are my responsibility. I agree to have my vendor stand set up and ready for inspection by 4:00 pm on Saturday, September 20th. I understand that failure to attend the inspection could result in my losing my \$500 deposit unless alternate arrangements are made with the Will County Health Inspectors Office and the Lockport Fire Department (both agencies will be present for inspection).

As a condition for participation in the Taste of Lockport, the organization shall indemnify, defend and hold harmless LTHS District 205, LTHS District 205 Foundation and, its Boards, officials, agents and employees from and against any and all liability, claims, suits, demands, damages and/or judgements arising out of or relating to the organization's participation at this event, regardless of the type or amount of damages inclusive of any and all attorneys' fees incurred by the District and Foundation in defending any such matters, and specifically including but not limited to claims by any Third-party invitees or customers of the organization. The vendor agrees to obtain a Certificate of Insurance that names the Lockport Township High School District 205 Foundation as the additional insured, with bodily injury liability of \$1,000,000 for each occurrence and property damage liability of \$1,000,000 for each occurrence. The policy must be an "Occurrence Made" insurance policy.

The Taste of Lockport is hosted by the Lockport Township High School District 205 Foundation, a 501c3 organization under the IRS tax code. The organization exists to support the students, staff, and community members in the LTHS District 205 community. All donations made to the LTHS Foundation are eligible for tax deductions under 509(a)2 and 170(b) 10(A)(ii) of the IRS Code.

Signature and confirmation of understanding: _____

Printed First and Last Name: _____ Date: _____