

# INDEMNIFICATION, RELEASE AND LIVE ANIMAL DISCLAIMER (the "Disclaimer")

#### **DESCRIPTION OF ANIMAL(S):**

Please insert description of animal(s), age, breed or other pertinent information)

EVENT NAME:	
DATES ON WHICH ANIMAL(S) WILL BE AT	THE EVENT:
BOOTH AND LOCATION INFORMATION:	
In exchange for the right to bring live animals to center in connection with the Event, the unders "Handler") responsible for the care, custody an above-mentioned animal(s), understands and a displaying the animal(s) at the Event "at its own and hold the METROPOLITAN PIER AND EXFASM Global,  LICENSEE] (the "Event Licensee"), and each of officers, agents and employees (the "Indemnificany and all claims, liens, demands, actions, suidamages, injuries (and whether such damages costs or expenses (including reasonable attorn "Claims") arising out of, or in connection with, a occurrences involving the animal(s) or the use, such animal(s) at the Event.	signed, as the owner/handler/person (the ad containment (if applicable) of the agrees that it is using/exhibiting/ n risk" and agrees to indemnify, defend POSITION AUTHORITY (the "MPEA"), [INSERT NAME OF EVENT of their respective board members, ed Parties") harmless from and against its, liabilities, losses, judgments, s or injuries are to persons or property), neys' fees or costs) (collectively the any incidents, accidents or other

The Indemnified Parties each hereby disclaim any and all liability or other obligations, including, but not limited to, any obligation to feed, train, manage, control or otherwise oversee or care for the animal(s) in any way, and the undersigned hereby releases the Indemnified Parties from any and all Claims relating to such incidents, accidents or other occurrences involving the animal(s) or the use, participation, exhibition or display thereof at the Event. The Handler's duty to indemnify shall apply to an Indemnified Party except to the extent such Claims result from the sole negligence, gross negligence or

willful misconduct of that Indemnified Party, but said duty to indemnify shall continue as to other Indemnified Parties who are not found liable for gross negligence or willful misconduct. Except as may be otherwise provided by applicable law, the Indemnified Parties right of indemnification shall not be impaired or reduced or diminished by any act, omission, misconduct, negligence or default of any Indemnified Party or of any employee or agent for any Indemnified Party who may have contributed thereto. To the extent any law may prohibit any application of all or any party of the indemnity obligations in this Disclaimer, it is the intent of the parties that any such prohibited provisions are severable, and the indemnity obligations in this Disclaimer shall be construed to impose the indemnity obligation in all circumstances, applications, and situations to the fullest extent permitted by law. Handler waives as to the Indemnified Parties any immunities, defenses or limitations it may have, including specifically and without limitation, any cap or limit on its maximum exposure for its liability to third parties arising out of injuries to an employee of the Handler.

**IN WITNESS WHEREOF,** the undersigned has executed this Indemnification, Release and Live Animal Disclaimer as of the date set forth below.

Company:	 	 
Name:		
Title:		
ine.	 	
Signature	 	
Date of Signature:	 	



### COMMISSION ON ANIMAL CARE AND CONTROL CITY OF CHICAGO

#### TEMPORARY ANIMAL EXHIBITION PERMIT

- 1. Permit only applies to exhibitions 30 days or less.
- 2. Permit Application fee is \$275.
- 3. Send application and fee to:
  Chicago Animal Care and Control
  Attn; Temporary Animal Exhibition Permit
  2741 S Western Ave.
  Chicago, Il 60608
- 4. Permit requirement is effective January 1, 2013.
- 5. Temporary Animal Exhibition Permit is separate permit from other permits and/or licenses required by the City. Ex Building Permits, Public Way Permits, etc. For more information visit the following website: http://www.cityofchicago.org/city/en/svcs/iwantto.apply\_for.html
- 6. Applicants should submit application 30 days prior to the exhibition.
- 7. Applicants should notify CACC of changes to the original application as soon as the changes are decided or 15 days prior to the event whichever is sooner. Changes in dates, animals exhibited, location, set up, plans, etc.
- 8. Health, vaccine records and shipping documents are required for all animals in the exhibition and must be included with the application.
- 9. A copy of valid exhibitor's license issued by the USDA is also required and must be included with the application.
- 10. Proof of Insurance is required and must be included with the application.
- 11. The City reserves the right to inspect the exhibition.





# CACC Temporary Animal Exhibition Permit Application



Type of Application	Exhibition	Change o	of location					
	*PLEASE NOTE THAT THIS DAYS BEFORE THE EXHIB		AL EXHIBITION	S 30 DAYS OR LES	S AND APPLICATIONS	MUST BE SU	MBMITTED A	T LEAST 30
Date of Exhibit								
Entity Information								
Type of Business	Sole Proprietor	Partnership	LLC	Corporation	Non-Profit	Trust	Other	
Legal Name of Business								
The exact " <b>legal name</b> " as it appears in the official business formation documentation.	For Sole Proprietors, this is the full name of the business owner as it appears on the Sole Proprietor's government-issued photo ID.							
"Doing Business As" Name								
The exact "Doing Business As" ( <b>DBA</b> ) name as it appears in the official business formation documentation.	Sole Proprietors or Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Cook County Clerk's office at 50 W. Washington St., East Concourse (Lower) Level - 27, (312) 603-5652, or @ www.cookcountyclerk.com > Vital Records > Assumed Business Name Registration.							
∨ A State of Illinois File Number is RE	EQUIRED for all (Illin	nois and Non-Illir	· · · · · · · · · · · · · · · · · · ·		•			
State of Illinois File #					Secretary of State at w.cyberdriveillinois.co			
▼ A Federal Employer Identification N	Number (EIN) is RE	QUIRED for all b	usiness en	tity types exce	pt for Sole Prop	rietorships	S.	
Employer Identification #					Revenue Service at 2 www.irs.gov/businesse			
▼ An Account ID Number is <b>REQUIRE</b>	D for ALL busines	s entity types tha						
(formerly IBT#) IDOR Account ID #					Department of Reven illinois.gov/Businesse			
PUBLIC WAY Permit # (IF APPLICABLE)								
<b>Exhibition Activity and</b>	I Location							
Exhibition Activity								
List your animals and activities to be offered.								
List your ariminals and activities to be offered.								
Exhibition Site Address								
Provide the full business location address where the exhibition and/or activities occur. If applicable, provide the <b>extended</b> address	Street Number(s)	N/S/E/W Si	reet Name		Ave./S	3t. S	Ste./Apt. #	Floor#
(e.g. <b>100-102</b> N. Main St.).	City	Si	ate		ZIP Co	ode		
Square footage used by the business:		SQ.	FT.	Amount of emp	oloyees at this s	ite:		
Primary Veterinarian								
Emergency Contact	Name			Ph	one Number			
	First Name						, 	
Contact Phone #				Fax #			· <u>  </u>	
<b>Contact E-mail Address</b>								

#### **Owner and Officer Information**

- o Sole Proprietors are required to provide information about the Individual who owns the business.
- o Partnerships & Limited Partnerships are required to provide information about all the Partners of the organization.
- o Limited Liability Companies are required to provide information about the organization's Members, and any other shareholder(s) with a major beneficial interest.
- o Corporations are required to provide information about the organization's President, Secretary, and any other shareholder(s) with a beneficial interest.
- o Non-Profit Corporations are required to provide information about the organization's President and Secretary.

Proof of identification may be required to complete the <u>actual</u> application.							
Ownership %	Title						
□ Sole Proprietor □ Partner □ President □ Managing Member □ Other:							
First Name	<u> </u>		Middle Name		Last Name		
i ii st itailie			Wildale Hame		Last Hame		
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code
Home Phone		Social Security Number	Date of Birth		Email Address		
( )			/	/			
/ /			,	, , , , , , , , , , , , , , , , , , ,			
Ownership %	Title						
	□ Secretary	/ 🗆 Partner 🗆 Managing M	lember □ Otl	ner:			
First Name	ı		Middle Name		Last Name		
				0 11 14 1 11	0.4	0	71D 0 1
Current Reside	ential Address			Suite/Apt. #	City	State	ZIP Code
Home Phone		Social Security Number	Date of Birth		Email Address		
( )			/	/			
Ownership %	Title						
	☐ Vice Pres	sident □ Member □ Other:					
First Name			Middle Name		Last Name		
Current Reside	ntial Addross			Suite/Apt. #	City	Stato	ZIP Code
Current Reside	ential Address			Suite/Apt. #	City	State	ZIF Code
Home Phone		Social Security Number	Date of Birth		Email Address		
( )			/	/			
Ownership 9/	Title						
Ownership %	Title	Marshar Othari					
	□ Treasure	r ☐ Member ☐ Other:					
First Name			Middle Name	Last Name			
Current Reside	ential Address		ı	Suite/Apt. #	City	State	ZIP Code
				,			
Home Phone		Social Security Number	Date of Birth	,	Email Address		
( )			/	/			
Ownership %	Title						
,		der □ Other:					
First Name		<u> </u>	Middle None		Loot Name		
First Name			Middle Name		Last Name		
Current Residential Address			Suite/Apt. #	City	State	ZIP Code	
Heme Dhan-		Conial Consumity: Normalism	Date of Direct	<u> </u>	Email Address		
Home Phone		Social Security Number	Date of Birth	/	Email Address		
( )			/	1			

## **EXHIBITION SITE PLAN**

Event:	
Address:	
City, State, Zip Code:	
Overnor/Operators	

