

Clerk's Contract and Agreement Cover Page

Year: 2007

Legistar File ID#: 2007-0675

Multi Year: ☒

Amount

Contract Type:

Goods

Contractor's Name:

IS-TAS-YON Café

Contractor's AKA:

Execution Date:

11/27/2007

Termination Date:

11/30/2011

Renewal Date:

Department:

Administration/Village Manager

Originating Person:

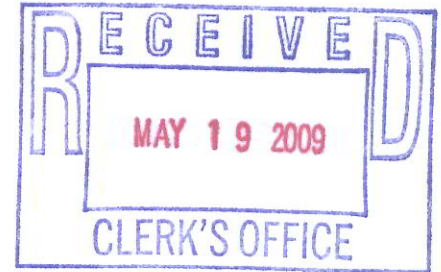
Ellen Baer

Contract Description: 153rd St Metra Concessions

6% of gross sales

addendum 3/20/08 - clarifying payment terms

addendum 4/9/09 - waive 6% fee; add 143rd Metra to contract



Tuesday, May 19, 2009

MAYOR
Daniel J. McLaughlin

VILLAGE CLERK
David P. Maher

14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100



VILLAGE HALL

TRUSTEES
Bernard A. Murphy
Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia Gira

May 19, 2009

Ms. Eylem Ozkaya
Istasyon Corp
c/o IS-TAS-YON Café
9052 West 144th Place
Orland Park, Illinois 60462

RE: *Addendum dated April 9, 2009*
Add 143rd Metra Concessions to original contract dated November 27, 2007

Dear Ms. Ozkaya:

Enclosed is a copy of the addendum dated April 9, 2009 for the change to add 143rd St. Metra Concessions to the IS-TAS-YON Café contract. Please attach this to the original 153rd Street Metra Station Concessions contract dated November 27, 2007.

If you have any questions, please call me at 708-403-6173 or Chris McDonell at 708-403-6218.

Sincerely,

Denise Domalewski
Contract Administrator

cc: Chris McDonell

MAYOR

Daniel J. McLaughlin
VILLAGE CLERK
David P. Maher
14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100



VILLAGE HALL

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Patricia Gira

April 9, 2009

Ms. Eylem Ozkaya
Istasyon Corp
c/o IS-TAS-YON Café
9052 West 144th Place
Orland Park, Illinois 60462

NOTICE OF AWARD – 143rd Street Metra Station Concessions

Dear Ms. Ozkaya:

This notification is to inform you that on April 6, 2009, the Village of Orland Park Board of Trustees approved amending the agreement with IS-TAS-YON Cafe for 153rd Street Metra Station Concessions with the Village to also include the 143rd Street Metra Station Concessions. The Board also approved waiving the 6% commission fee for both concessions.

1. Enclosed is the addendum to the 153rd Street Metra Station Concessions to include 143rd Street Metra Station. Please sign two (2) copies and return them both directly to me. I will obtain signatures to fully execute the addendum and one original executed addendum will be returned to you.
2. **Submit a current Certificate of Insurance from your insurance company in accordance with all of the Insurance Requirements listed and agreed to in the RFP at minimum and endorsements** for a) the additional insured status, b) the waiver of subrogation for General Liability and c) the waiver of subrogation for Workers Compensation. The Certificate of Insurance that we currently have on file expired January 29, 2009. The new one we are requiring needs to be modified to include the 143rd Metra and the 153rd Metra Station concessions (as stated in the description on the certificate). The coverages that were in effect for the 153rd St. Concessions are adequate and expected to remain in effect until the termination of the contract in November 2011.

Please deliver this information directly to me, Denise Domalewski, Contract Administrator, at Village Hall located at 14700 S. Ravinia Ave., Orland Park, IL 60462. The signed Contracts, Insurance Certificates and Endorsements are required to be in place and received at my office prior to the commencement of work at the 143rd Street Metra Station Concession. We expect IS-TAS-YON to begin operations on May 4, 2009. You will be issued a *Notice to Proceed* letter when you are in full compliance with this process. Failure to comply with these conditions within the time specified will entitle the Village to consider your proposal abandoned and to annul this Notice of Award. If you have any questions, please do not hesitate to call me at 708-403-6173 or e-mail me at ddomalewski@orland-park.il.us.

Sincerely,
Denise Domalewski
Contract Administrator

cc: Ellen Baer
Chris McDonell

ADDENDUM to
"153rd Street Metra Station Concessions "

Dated
November 27, 2007

Between
The Village of Orland Park, Illinois ("VILLAGE") and IS-TAS-YON Cafe ("VENDOR")

1. *In the event of any conflict or inconsistency between the provisions of this Addendum and the Agreement, the provisions of this Addendum shall control.*
2. *The Addendum dated March 20, 2008 regarding payment of the 6% FEE shall become null and void effective immediately. The fee shall be waived and is no longer due the Village.*
3. *In **SECTION 2: SCOPE OF THE WORK AND PAYMENT**, of said Agreement, the last paragraph beginning with the words "and the VENDOR agrees to pay the Village a fee of 6% of gross sales...of the concession facility" shall be stricken in its entirety. Effective immediately, the fee shall be waived.*
4. *In **SECTION 2: SCOPE OF THE WORK AND PAYMENT**, of said Agreement, the words "Effective May 4, 2009 - 143rd Street Metra Station Concession Services" shall be added after "Re: 153rd Street Metra Station Concession Services".*
5. *In **SECTION 4: TERM OF THE CONTRACT**., of said Agreement, the following shall be added to the end of the paragraph:

 "Effective May 4, 2009 the WORK for the 143rd Street Metra Station Concession Services shall begin and continue expeditiously for the remaining term of this agreement."*
6. *All of the other terms, covenants, representations and conditions of said Agreement, not deleted or amended herein shall remain in full force and effect during the effective term of said Agreement.*
7. *This Addendum may be executed in two or more counterparts, each of which taken together, shall constitute one and the same instrument.*

ADDENDUM to
"153rd Street Metra Station Concessions"

Dated
November 27, 2007

Between
The Village of Orland Park, Illinois ("VILLAGE") and IS-TAS-YON Cafe ("VENDOR")

This Addendum, made and entered into effective the **9th day of April 2009**, shall be attached to and form a part of the Agreement dated the 27th day of November, 2007 and shall take effect upon signature below by duly authorized agents of both parties.

AGREED AND ACCEPTED

FOR: THE VILLAGE

By: 

Print Name: Ellen J. Baer

Its: Asst. Village Manager

Date: _____

FOR: THE CONTRACTOR

By: 

Print Name: Fylen Ozkaya

Its: President

Date: May 9, 2009.

INSURANCE REQUIREMENTS

WORKERS COMPENSATION & EMPLOYER LIABILITY

\$500,000 – Each Accident

\$500,000 – Policy Limit

\$500,000 – Each Employee

Waiver of Subrogation in favor of the Village of Orland Park

AUTOMOBILE LIABILITY

\$1,000,000 – Combined Single Limit

GENERAL LIABILITY (Occurrence basis)

\$1,000,000 – Each Occurrence

\$2,000,000 – General Aggregate Limit

\$1,000,000 – Personal & Advertising Injury

\$2,000,000 – Products/Completed Operations Aggregate

Waiver of Subrogation in favor of the Village of Orland Park

EXCESS LIABILITY (Umbrella-Follow Form Policy)

\$2,000,000 – Each Occurrence

\$2,000,000 – Aggregate

EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

Any insurance policies providing the coverages required of the Contractor shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, employees and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." If the named insureds have other applicable insurance coverage, that coverage shall be deemed to be on an excess or contingent basis. The policies shall also contain a "Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability and Workers Compensation coverage's." The certificate of insurance shall also state this information on its face. Certificates of insurance must state that the insurer shall provide the Village with thirty (30) days prior written notice of any change in, or cancellation of required insurance policies. The words "endeavor to" and "but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives" must be stricken from all Certificates of Insurance submitted to the Village. Any insurance company providing coverage must hold an A VII rating according to Best's Key Rating Guide. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsement however, shall not be a waiver of the contractor's obligation to provide all of the above insurance.

The proposer agrees that if they are the selected contractor, within ten days after the date of notice of the award of the contract and prior to the commencement of any work, you will furnish evidence of Insurance coverage providing for at minimum the coverages and limits described above directly to the Village of Orland Park, Denise Domalewski, Contract Administrator, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the selected proposer and the contract may be awarded to another proposer.

ACCEPTED & AGREED THIS 1 DAY OF May 9, 2007

Signature

Eylem Ozkaya, President
Printed Name & Title

Authorized to execute agreements for:

Istasyon Corp.
Name of Company

| ACORD <small>TM.</small> CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 05/11/2009 | | | | | | | | | | | | |
|--|--------|---|-----------------------------|--------|--|--|------------|--|------------|--|------------|--|------------|--|
| PRODUCER Phone: (708) 403-0356 Fax: (708) 403-0580 KURLAND INSURANCE AGENCY 15040 S. RAVINIA AVENUE, SUITE 45 ORLAND PARK IL 60462 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | | | | | | | | | |
| INSURED ISTASYON CAFE C/O TANYA AKSU 9052 W. 144TH ST. ORLAND PARK IL 60462 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left; padding: 2px;">NAIC #</th> </tr> <tr> <td style="padding: 2px;">INSURER A: ERIE INSURANCE GROUP</td> <td></td> </tr> <tr> <td style="padding: 2px;">INSURER B:</td> <td></td> </tr> <tr> <td style="padding: 2px;">INSURER C:</td> <td></td> </tr> <tr> <td style="padding: 2px;">INSURER D:</td> <td></td> </tr> <tr> <td style="padding: 2px;">INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: ERIE INSURANCE GROUP | | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | |
| INSURER A: ERIE INSURANCE GROUP | | | | | | | | | | | | | | |
| INSURER B: | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADDL INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | |
|------------------------------|-----------|---|---------------|----------------------------------|-----------------------------------|--|---------------------|-------|-----------------------|--|-----------------------------|--|------------------------------|--|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | TBA | 05/08/09 | 05/08/10 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 2,000,000 | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">WC STATUTORY LIMITS</th> <th style="width:50%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE \$</td> <td></td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT \$</td> <td></td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT \$ | | E.L. DISEASE-EA EMPLOYEE \$ | | E.L. DISEASE-POLICY LIMIT \$ | |
| WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT \$ | | | | | | | | | | | | | | |
| E.L. DISEASE-EA EMPLOYEE \$ | | | | | | | | | | | | | | |
| E.L. DISEASE-POLICY LIMIT \$ | | | | | | | | | | | | | | |
| | | OTHER: | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 SEE SUPPLEMENTAL CERTIFICATE INFORMATION

| | |
|--|---|
| CERTIFICATE HOLDER Village of Orland Park 14700 Ravinia Ave. Orland Park, IL 60462 Attention: 708.403.9212 Denise * | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 10px;"> Lisa M. Little </div> |
|--|---|

SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #7155DATE
MAY 11 09**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

The Village of Orland park, and their respective officers, trustees, directors, employees and agents as Additional Insureds on a primary and non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured.

Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability coverage

Erle Insurance is A++ A.M Best Rating