



Zoos Are Us, Inc.
 16809 Church Rd.
 Huntley, IL 60142
 (815) 568-9052
 azootoyou2@gmail.com
 www.zoosareus.com

BILL TO

Carina Boyd
 Village of Poplar Grove
 200 N Hill St
 Poplar Grove, IL 61065
 United States

INVOICE 2584

DATE 12/17/2021 TERMS Due on receipt

PHONE #

815-765-3201

EMAIL

treasurer@villageofpoplargo.

DAY OF EVENT PHONE #

815-847-9710

DATE	DESCRIPTION	QTY	RATE	AMOUNT
06/11/2022	Petting Zoo Large Zoo Large Zoo includes 20-25 animals, Including goats, sheep, chickens, bunnies, a mini donkey, a llama and a calf. A Zoo to You will provide an enclosure of 24 x 24 ft., a canopy for the animals (if needed) and antibacterial hand sanitizer. Includes 2 Zookeepers.	1	675.00	675.00
06/11/2022	Travel Fee	1	40.00	40.00
06/11/2022	Bulk Feed 25lbs	1	75.00	75.00

2PM to 6PM

if deposit is paid by 2/1/22 then receive 5% off your balance, new total would be \$750.50. if paid in full by 2/1/22 then receive 10% off your total balance, new total would be \$711.00. If neither is paid, then the above invoice amount applies.

0511

TOTAL DUE

\$790.00

INVOICE APPROVAL

G/L Account Code: 01-55-4302

Description: Petting Zoo for 22 Neighbors Night

DEPT: _____ **ADMIN:** CB

All animal clean-up will be provided by Zoos R Us Inc. -\$35 fee will apply for each additionally insured needed.
 The above mentioned items will be provided for the fee listed. A 50% non-refundable deposit and signed contract is required to hold the scheduled date and time for your event.

Event Coordinator Signature _____ Date _____

Zoos Are Us Inc.
Policies and Preparations Contract Part 2

General

- 1) Please have parking and permit arrangements made prior to arrival. Space will be needed for a vehicle and up to a 32 foot trailer. Parking fees are the responsibility of the contract holder.
- 2) Patrons may be charged to participate in your activity if you choose to do so. Please have a responsible party collecting these fees.
- 3) Signage indicating cost or sponsorship for the event is welcome, but will not be handled by Zoos Are Us Inc.
- 4) Zoos Are Us Inc. reserves the right to prohibit admission to all activities.
- 5) The date and time you have requested is NOT guaranteed until both a deposit and signed contract has been received.
- 6) Gratuity is not included in our fees.

Payment / Cancellation

- 1) Payments will be accepted via Cash, Major Credit Cards, or Corporate Check Only. Sorry no personal checks will be accepted.
- 2) Deposits are non-refundable. A 50% deposit is required to secure your booking.
- 3) In case of SEVERE weather, and cancellation is necessary, we must be notified in NO LESS than three hours prior to the event in order to receive a refund of your deposit.

Zoo

- 1) Please ensure an easy access route for our truck and trailer for set-up purposes. Please note a \$100 additional fee will apply if animals must be carried to the area provided.
- 2) A site map including access route and set up area provided ahead of time would be helpful, however this is not necessary for events held at private residences.
- 3) Zoos Are Us Inc. staff will arrive approx. ½ hour prior to the start time of your event for set-up purposes only.
- 4) Access to a convenient water source, if water is unavailable please notify us prior to the event.

Ponies

- 1) Breaks will be given to all ponies when needed.
- 2) For the safety of all patrons, please let us know in advance if special events like fireworks or fire trucks with Santa will be arriving at your event.
- 3) Zoos Are Us Inc. staff will arrive approx. ½ hour prior to the start time of your event for set-up purposes only.
- 5) For the safety of our animals, there is an 80 pound weight limit per pony. If this presents a problem please contact us in advance to reserve a pony with a 125 pound weight limit.
- 6) A level surface is required for both the Zoo and Pony Wheel

Exotic Show

- 1) Exotic Shows scheduled for outdoors require a temperature of no less than 65 degrees, or above 90 degrees- Please have indoor arrangements made if this may be an issue.
- 2) Zoos Are Us Inc. staff will arrive approx.. ½ hour prior to the start time of your event for set-up purposes only.

Reindeer Displays

- 1) Zoos Are Us Inc. staff will arrive approx.. ½ hour prior to the start time of your event for set-up purposes only.

TO BE COMPLETED BY EVENT COORDINATOR:

Area that is to be used for set-up	Feed Options (All monies received are property of Zoos R US Inc.)
Please check one	Feed Sales by the Cup___ (Customers will incur additional fee of \$2)
GRASS___	Feed Sales in Bulk___ (Additional fee incurred by contract holder)
ASPHALT/CONCRETE___	15lb___ \$40.00 25lb___ \$75.00 50lb___ \$125.00 100lb___ \$200.00
INDOORS___	

Please note Zoos Are Us Inc. is NOT responsible for damage to lawn and landscaping at or near set-up areas made by either animals or truck and trailers.

My signature below indicates I have read and understand fully the policies and preparations outlined above and on part one of the contract.

Signature _____ Date _____

Zoos Are Us Inc.
Payment Preference

Payment

Payment Method (Check one):

Cash: _____

Corporate Check _____ (Make Checks payable to Zoos Are Us, Inc.)

Credit Card _____

If you would like to pay by credit card please fill out the following:

Card Number: _____

Exp. Date ____/____ Sec. Code _____ Billing Zip Code _____

Card Holder Signature _____

Billing Address _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Zoos Are Us Inc.

2 Business name/disregarded entity name, if different from above

A Zoo to You

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

16809 Church Rd.

6 City, state, and ZIP code

Huntley, IL 60142

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

8 1 - 4 2 1 8 6 1 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ► **3/18/2021**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGowan Allied Specialty 140 Fountain Parkway N Suite 570 St. Petersburg OH 33716	CONTACT NAME: Brandee Mellert PHONE (A/C, No, Ext): (727) 547-3050 FAX (A/C, No): (727) 367-1407 E-MAIL: bmellert@mcgowanallied.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : T.H.E. Insurance Company INSURER B : Accident Fund Insurance Company of America INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Zoos Are Us, Inc. DBA: A Zoo To You 16809 Church Road Huntley IL 60142	License#: 973 AZOOT0Y-01 NAIC # 12866 10166

COVERAGES

CERTIFICATE NUMBER: 1018046628

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP010591605	10/27/2021	10/27/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP010591605	10/27/2021	10/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	ARP12003743901	8/3/2021	8/3/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Expiration Date: 12-22-2021

United States Department of Agriculture

Marketing and
Regulatory
Programs

This is to certify that
ZOOS ARE US INC

Animal and
Plant Health
Inspection
Service

is a licensed Class C - Exhibitor
under the

Animal Welfare Act (7 U.S.C. 2131 et seq.)

Animal Care

Certificate No. 33-C-0499

Customer No. 500836

A handwritten signature in black ink, reading "Elizabeth Goldstein".

Deputy Administrator