

Alsip Park District Farmers Market Vendor Application 2015

ALL APPLICATIONS ARE SUBJECT TO REVIEW AND APPROVAL

Date: _____ State Sales Tax No: _____

If license has not been issued, supply date of application: _____

Name: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: (Day) _____ (Evening) _____

(Cell) _____ (E-mail) _____

Location of land used for production (applicable only to new vendors who are producers):

Sec. _____ Township _____ County _____ State _____

Sec. _____ Township _____ County _____ State _____

Sec. _____ Township _____ County _____ State _____

If renting, give name, address and phone number of land owner(s):

List Items (As Many As Possible) that you intend to sell during the season:

Note: indicate next to each item as to whether it is purchased or grown/made by you.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Electrical Needs:

If you will require electricity for the market season, please indicate below for what purpose. (i.e. refrigerator, freezer, ect.) Please provide required amps for each appliance.

Application Fee(s):

\$100 for the season for 10x10 space plus \$50 per additional space, or \$20 daily.

Please indicate the number of 10x10 spaces needed _____

Total Fees Due: _____

Deposit:

This year a deposit of \$100.00 is required in the form of a separate check in addition to your season fee. This deposit is designed to ensure vendors will attend each market week. Any vendor that misses more than four weeks will forfeit their deposit. In the event that you do not miss more than four you will be mailed a \$100.00 check at the completion of the market.

Check received ____yes ____no check #_____

Vendors paying daily rate must reserve their space for that day no later than 24 hours prior. Vendors are responsible for tent, tables and own set-up.

Applications due by April 6th, 2015

Fees and remaining paperwork are due by May 1st, 2015

Signature:

Direct questions and comments and mail check, application, indemnification,
EBT Contract (if applicable) and proof of insurance as follows:

**Make checks payable to the Alsip Park District
Send all paperwork including check to:**

Alsip Park District
12521 South Kostner Avenue
Alsip, Illinois 60803
Attn: Denise Michalski
Phone: (708)389-1003 ext. 327
Fax: (708)389-1529
E-mail: dmichalski@alsipparcs.org