



EDGEWATER CHAMBER OF COMMERCE

## 2016 Edgewater Farmers Market Application

Thank you for your interest in the Edgewater Farmers Market 2016 season, which is scheduled to run every Saturday from June 11 through October 15. Our Farmers Market is located in the heart of our community, in the Broadway Armory parking lot, 5917 N. Broadway.

### Application Instructions:

Please answer all applicable questions as completely as possible, attaching additional pages as necessary. In order to be considered as a market vendor, we must receive your completed application, all supporting documents, and initial payment by **Friday, April 8, 2016**. Applications may be submitted by mail or emailed to [info@edgewater.org](mailto:info@edgewater.org).

### Contact Information

Vendor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

### Emergency contacts

1. Name and relation: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name and relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Farm/Orchard Site Information**

Land Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of acres \_\_\_\_\_ Total acreage in production \_\_\_\_\_

Greenhouse (# and sq. ft.) \_\_\_\_\_

**Please list your sustainable growing/production practices**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Are you required to have a health department license/safe food-handling certificate?**

Yes \_\_\_ No \_\_\_ (If yes, please attach a copy.)

**Do you have an outdoor food-handling sanitation license?**

Yes \_\_\_ No \_\_\_ (If yes, please attach a copy.)

**Are your products made in a certified kitchen?** Yes \_\_\_ No \_\_\_ N/A \_\_\_

Certified kitchen address: \_\_\_\_\_

**Are your products certified organic?** Yes \_\_\_\_ No \_\_\_\_

Certifying agency (please attach a copy of certification):  
\_\_\_\_\_

**Insurance**

Do you have liability insurance? Yes\_\_\_\_ No\_\_\_\_

Illinois Sales Tax License# (Required): \_\_\_\_\_

Business Type: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage limits per occurrence: \_\_\_\_\_

Aggregate: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**A COPY OF YOUR INSURANCE POLICY CERTIFICATE MUST BE SUBMITTED FOR YOUR APPLICATION TO BE CONSIDERED. CERTIFICATE SHOULD NAME CHICAGO PARK DISTRICT AND EDGEWATER CHAMBER OF COMMERCE AS ADDITIONAL INSURED.**

**Additional Information**

Please list any farmers markets that you have sold at in the past as well as any additional markets that you plan to participate in this year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our market spaces are for 10'x10' tents. Please describe your planned setup at the market and include the number of spaces you would like to use:

Use this chart to identify the items you will be selling at the market. After the item listed, please specify the number of varieties, the approximate dates the item will be available (example: June Week 2,) and the volume of the item (producers, please indicate the acreage amount and processors please indicate the quantity of items). Attach additional sheets if necessary.

Item	# of Varieties	Approx. Date Available	Acreage/Qty.

**\*\* Edgewater Farmers Market vendors are required to attend every market. \*\***

**Please calculate total costs owed according to this chart:**

50% total cost due Friday, April 8, 2015; 100% total cost due Friday, June 3, 2015. A full refund, less the application fee, is available until May 13, 2015. No refunds will be available after that date.

Fees	Prices	Applicable Cost
<b>Application Fee</b>	<b>\$25</b>	<b>\$25</b>
<b>Edgewater Farmers Market 10’x10’ space (tables, chairs, tent <i>not</i> included)</b>	<b>\$225</b>	<b>\$225</b>

Additional Space*	\$200	
<b>3.25% credit card processing fee</b>		
<b>TOTAL</b>		

\* Additional space for the market is not guaranteed. If your request for additional space is not met then you will be reimbursed the \$200 fee.

**Please specify payment type by checking appropriate box below.** (Note: If paying by credit card, you will be charged an additional convenience fee of **3.25%**)

- Check**                       **Money Order**  
 **Visa**                               **Mastercard**                       **Discover**                       **American Express**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Make Check or Money Order payable to: **Edgewater Chamber of Commerce**

## Vendor Application - Affidavit

I certify that the information contained in this application is true and accurate and that I will comply with the regulations of the Edgewater Farmers Market including accepting assigned space and paying applicable fees. I understand that in order to be considered for the market, 50% total cost is due **April 8, 2016**, and the remainder is due **June 3, 2016**. I also understand that I must notify the Edgewater Chamber of Commerce of my withdrawal from the farmers market no later than May 13, 2016 to qualify for a full refund, less the \$25 application fee. Revocation of my application after May 13 will not result in a refund.

Name of Business: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_