



EDGEWATER CHAMBER OF COMMERCE

2019 Edgewater Farmers Market Application

Thank you for your interest in the Edgewater Farmers Market 2019 season, which is scheduled to run every Saturday from June 15 through October 12. Our Farmers Market is located right off the Thorndale Red Line Stop, in the heart of our community.

Edgewater Farmers Market
Broadway Armory Parking Lot
5917 N Broadway
Chicago, IL 60660

Note: The Edgewater Farmers Market accepts LINK payments at qualified vendors.

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, your completed application, all supporting documents, and initial payment must be in possession of the Edgewater Chamber of Commerce by **Friday, April 5, 2019**.

Applications may be submitted by mail or emailed to:
farmersmarket@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

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: _____

A COPY OF YOUR INSURANCE POLICY CERTIFICATE MUST BE SUBMITTED FOR YOUR APPLICATION TO BE CONSIDERED. CERTIFICATE SHOULD NAME CITY OF CHICAGO 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 measure 10'x10'. 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 5, 2019; 100% total cost due Friday, June 3, 2019. A full refund, less the application fee, is available until May 10, 2019. No refunds will be available after that date. To be included in printed marketing materials, the application fee and half of total cost must be submitted to the Chamber by Friday, April 5, 2019.

Fees	Prices	Applicable Cost
Application Fee	\$25	\$25
Edgewater Farmers Market 10'x10' space (tables, chairs, tent <i>not</i> included)	\$200	\$200
Additional Space*	\$200	
3.25% credit card processing fee		
TOTAL		

* 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 5, 2019**, and the remainder is due **June 3, 2019**. I also understand that I must notify the Edgewater Chamber of Commerce of my withdrawal from the farmers market no later than May 10, 2019 to qualify for a full refund, less the \$25 application fee. Revocation of my application after May 10 will not result in a refund.

Name of Business: _____

Name: _____

Title: _____

Signature: _____

Date: _____