

FARMERS MARKET FULL SEASON APPLICATION TO SELL

Office Use Only:
<input type="checkbox"/> Application
<input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> Agreement and Indemnification
<input type="checkbox"/> Payment in Full

GUIDELINES

The Arlington Heights Farmers Market purpose is to provide a connection between our community and local farmers and vendors of fresh foods, natural, garden, kitchen, handmade and health focused products. The Farmers Market is intended to be a pleasant, safe and family friendly community gathering and shopping experience.

Any prospective vendor for the farmers market is to submit their application for approval by the Farmers Market Committee. The Committee has the responsibility to discern the ability of the proposed vendor to comply with the purpose of the Farmers Market. The Farmers Market Committee decision to accept or decline an application to be a vendor at the Farmers Market will be binding.

Date _____ Illinois Sales Tax License No. _____
 [If license has not been received, give date of application for license:]

Business name _____ Contact _____

Address _____

Town _____ State _____ Zip _____

County _____ Email _____

Phone No. _____ Fax No. _____

Cell Phone _____ Website: _____

List products to be sold:

Access to electricity needed? yes no
 _____ spaces for the season x \$300 each = \$ _____ owed

Payment

Check # _____ made payable to Arlington Heights Historical Society or

Credit Card:

MC VISA Discover Credit Card # _____

Exp date _____ 3 digit V-code _____

AFFIDAVIT

I, _____, hereby agree to sell or offer for sale on the Arlington Heights Farmer's Market, only such items as listed above, as are my own production. Further, I acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold the Village of Arlington Heights, The Arlington Heights Historical Society, and the Arlington Heights Park District harmless and to indemnify the Village of Arlington Heights, The Arlington Heights Historical Society, and the Arlington Heights Park District from any and all claims arising under this permit.

 Vendor's Name Date

By: _____

Name: _____

Title: _____