

FARMERS MARKET ONE DAY SALES APPLICATION TO SELL

Office Use Only:
___ Application
___ Certificate of Insurance
___ Agreement and Indemnification
___ 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:

Check date requested: _____
 (Dates are reserved on a first come, first served basis – please check your first and second choice)

June	1st	8th	15th	22nd	29th
July	6th	13th	20th	27th	
August	3rd	11th	17th	24th	31st
September	7th	14th	21st	28th	
October	5th	12th			

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: _____