

**FARMERS MARKET
APPLICATION TO SELL
AND CONTACT INFORMATION.**

Office Use Only:
 Application
 Certificate of Insurance
 Agreement and Indemnification
 Payment in Full

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: _____