2021 Vendors Application:

Application Instructions

Please answer all applicable questions as completely as possible. Attach additional sheets of paper as necessary. Late applicants will be subject to a late fee of $50. Applicants will be reviewed by the market manager. You will be notified of the status of your application no later than April 30, 2021.

Please return completed vendor application to:

Mr. Adam Kzremkowski
YORK & VALLETTE BUSINESS ASSOCIATION
541 S York
Elmhurst, IL 60126

After the official application process has closed (March 31, 2021), the Market Manager reserves the right, in its sole discretion, to admit additional vendors to the market at any time.

Market Season

The Elmhurst Farmers Market is open from June 3rd through October 28th excluding any holidays that fall on event days. The market is open from 7:00am until 1:00pm.

Vendors are expected to commit to the entire season. If your business requires an alternative schedule of participation, this must be noted in your application and arranged directly with the market before the season begins.

BEFORE COMPLETING THIS APPLICATION, ALL VENDORS ARE ACCOUNTABLE FOR THE REQUIREMENTS DESCRIBED THERIN.

1) ___ I have read the Rules and Regulations

2) Contact information

   a. Business Name: _____
   b. Name of Primary Contact:_____
   c. Business Mailing Address:_____
   d. City, State, Zip:_____
   e. Township:_____
   f. County:_____
   g. Business Phone:_____
   h. Home Phone:_____
   i. Cell Phone:_____
   j. Home Mailing Address:_____
   k. Website Address:_____
   l. E-mail Address _____

   Business Type (check one)

   ____ Individual ____ Family _____ Partnership ____ LLC

   ____ For profit corporation _____ Not for profit corporation

   ____ Other (please specify below)

   _____
   _____
   _____
   _____
   _____

Sales Tax and Insurance

3) Sales Tax

   a. Please note that Illinois law requires that sales tax be collected on the sale of all food items. Therefore, you must have an Illinois Sales Tax License before applying to this market.

   b. Illinois Sales Tax License number: _____

4) Insurance:

   a. All applicants must have a Commercial General Liability Insurance Policy naming the York and Vallette Business Association as additionally insured. A current Certificate of Liability must be submitted with this application or mailed.

   b. Insurance Company:_____
   c. Policy Number:_____
   d. Expiration Date:_____

5) General Information:

   a. Please answer the following questions in the space below, or attach separately.
   b. Farm/Business history. Please provide some information on the history of your farm or business.

   _____
   _____
   _____
   _____
   _____

   c. Do you consider yourself a small or family business? Why or why not?

   _____
   _____
   _____
   _____

   d. How many people do you employ? _____

6) Products:
    a. Do you grow and/or raise all products or ingredients that you plan to sell at the Market? ____Yes ____No

    b. If "No", please list all the products in question including their origin. Note any you plan to purchase or take in consignment from others to sell.

    _____
    _____
    _____
    _____
    _____

Note that Associate vendors whose products you will sell for them are required to submit a completed application as well.

<u>Processed Products</u>
(Producers, processors, and prepared food vendors only)

7) If you intend to sell anything at the Market other than crops in their whole, unadulterated form, please fill out this section in so far as it applies to your products.

    a. Producers of meat, fish, poultry, eggs, and dairy: Please list your licensed and processing locations below.
    b. Licensed by:_____
    c. Product:_____
    d. Processor's Name and Location:

    _____
    _____

    e. ____USDA ____ FDA ____Dept. of Health
    f. License Number:_____

8) On a separate sheet of paper, please type a list of all food or other products you plan to sell at the Market (including bakery goods, cheeses, sandwiches, granola, jams, pickles, non-food items, etc.) Please be as specific as possible. Make special note of locally sourced ingredients or any ingredients which are originally certified.

    ___ I have attached my product list to my application.

If applicable, please answer the questions below.

9) Please describe how you make your products, including your personal involvement in the physical processing.

_____
_____
_____
_____
_____
_____

10) If you use a co-packer or co-producer, please explain what involvement you have in the development and production of your product.

_____
_____
_____
_____
_____

11) Licensed Food Processing Locations: (where products are fabricated).

a. Product:_____
b. Processors Name & Location:_____
c. Licensed by:_____
d. License Number:_____

12) If you are required to have a health department license or safe food handling certificate, please attach a copy to your application.

Farm/Orchard Site Location Information:
(For farmers/producers only)

13) Please list all sites including a map or GPS ready address for each. If items are wild gathered, identify the location(s). If the land is rented, shared or leased, please include contact information for the owner. This information will be used in the event that Market Management decides to perform a site visit.

Land Description and Address:_____
County:_____ City:_____ State:_____
Number of Acres:_____ Total Acreage in Production:_____

Greenhouse (# and Sq. Ft):_____ Tunnels (# and sq. ft):_____
Landlord:_____Phone:_____
Land Description and Address:_____
County:_____ City:_____ State:_____

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Landlord:_____Phone:_____
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County:_____ City:_____ State:_____

Rental Fee

$475 – One space
$770 – Two spaces
$1,085 – Three spaces

Spaces Required: _____
Rental Fee Required: _____
Total Amount Enclosed: _____
Proof of Insurance Enclosed? ____ Yes ____ No

- ☐ PAYPAL – 3% CONVENIENCE FEE WILL APPLY
- ☐ CHECK – PAYABLE TO York & Vallette Business Association

Payment due before Market opening

Sellers Affidavit

I, _____ hereby agree to sell or offer for sale at the York/Vallette Farmers Market only such items listed as above, as are of my own production. Produce sold at the market must be grown by the vendor and not purchased from a wholesaler. Further, I agree to hold York & Vallette Business Association and the City of Elmhurst harmless and to indemnify said association and the City for any and all claims arising under this permit.

_____x Date signed: _____
(Applicant Signature)

Sworn and Subscribed in my presence:

_____ x
(Signature of Notary Republic)