



Application for Permission to Sell – 3rd Annual Market, 2011

Thursdays, 3:00 p.m. to 7:00 p.m., June 9 thru September 1, 2011

Fill out completely, and type or print all information clearly

Contact Information:

Name of vendor _____

Name of business _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Production Address (if different from mailing address)

e-mail _____ * you will receive information via e-mail unless otherwise requested

Illinois Business Tax Number _____

List the names of your employees/representatives at the Market:

Please describe below any past or current connections to North First Street, Champaign, Illinois (business, personal, other.) If you have none, please put “NA” for “Not Applicable”:

Product Information

Please list the specific product(s) you will be selling. All items must be grown, handcrafted or created by the vendor in Illinois. Any exceptions to this MUST be discussed with, and approved by the Market Manager prior to the Market.

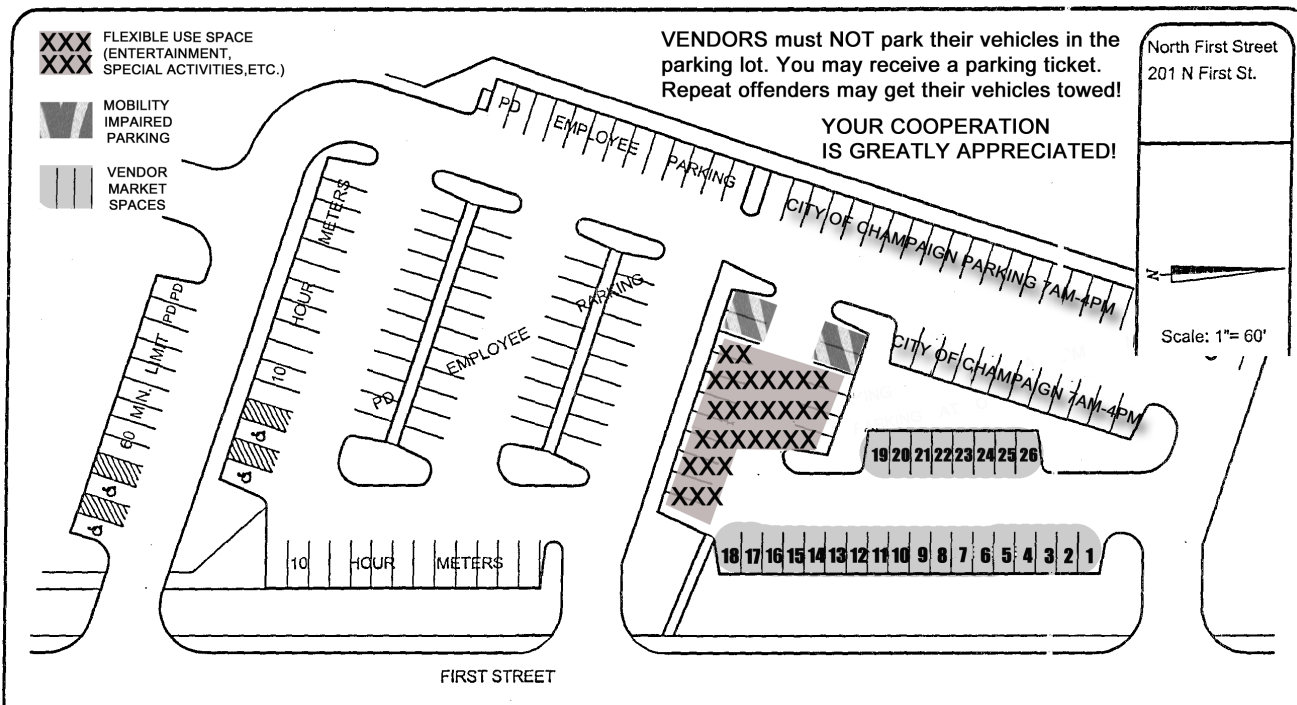
Product Description	Approximate Dates Available	
	From:	To:

Are you certified organic? Yes/ No/ Not applicable _____

List all required licenses and/or permits, as well as their expiration dates:

A copy of the licenses, permits, and/or certifications listed above MUST be included. Your application will be considered complete once this documentation is received. (Details on this are included in the handbook.)

Number of spaces requested: _____ If you are paying for the entire 13 week season, pick the numbered spot(s) that you prefer, as well as a 2nd choice. _____



Circle the Thursdays that you would like to sell at the Market (\$10/space/Thursday):

<p>_____ I am committing to vend for the whole season (13 weeks) OR</p>												
6/9	6/16	6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18	8/25	9/1

NOTE: If you are a new vendor, we kindly ask you to sign up for 3 consecutive weeks.

Total for season \$ _____

Affidavit

I have read the rules, regulations and policies as described for the Farmers Market on Historic North First Street and hereby agree to abide by them. I also acknowledge that the products I will sell must be of my own production and produced at the location described on my application. I acknowledge full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's permit. I acknowledge the authority of the market manager/managers to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I understand that the Farmers Market on Historic North First Street does not carry any insurance policies to cover individual participants and that I assume responsibility for carrying such insurance.

Signature: _____ Date: _____

In order to be considered for the Historic North First Street Farmers' Market, this application should be postmarked by **May 10, 2011**. Completed applications and any required documents may be e-mailed, mailed or dropped off on or before the closing date to:

E-mail farmersmarket.on.northfirst@gmail.com
Mail Farmers Market on Historic North 1st Street
302 North First St
Champaign, IL 61820

If you have questions for the Market Manager, Wendy Langacker, please e-mail her at:
farmersmarket.on.northfirst@gmail.com

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Date received: _____ Received by: _____ Payment: _____ Approved: _____

Last revised on 4/12/2011