

**Eden Place Farmers Market** 

 $\sim$  Supporting local growers, their products, and our agriculture community  $\sim$ 

# **VENDOR APPLICATION**

Office Use Only
Date Received:
Fee Paid:
Licenses/Permits:
Board Approval Date:
Other:

### Thank you for your interest in the Community Farmers Market!

Our organization is dedicated to supporting local business and local agricultural products and welcomes all growers, processors, artisans, and crafters located in Cook County and surrounding counties to apply. *Refer to the current Market Polices and Guidelines for important details about our market operations and requirements.* 

### June 03, – October 14 Every Saturday of the month 9:00am – 1:00pm

\$400 Full Season Prepayment Enclosed (discount applied)
\$25.00 First week's payment in advance

#### **VENDOR INFORMATION**

Business Name		
Owner Name(s)		
Mailing Address		
	City:	Zip Code:
Physical		
Address/Location		
Contact Info.	Daytime Phone:	Evening Phone:
	Email:	Website:
Market Vehicle	License #:	Make/Model:
Info.		

#### **AUTHORIZED SELLERS**

List the individuals that are authorized to sell for you at the market:		
1.	2.	
3.	4.	

1	Eden Place Farmers Market
	4911 S. Shields Ave.
	Chicago, IL 60609
	Phone: (773) 624-8222, Email: info@edenplacenaturecenter.com, Website: www.edenplacenaturecenter.com

TYPE OF OPERATION

Vendors are categorized into five different producer types, depending on	
the products offered and the manner in which they were grown or	
produced	
Refer the Community Farmers Market Policies for a description of each type	
of operation, and check the appropriate box for your business.	□Farmer
	Crafter/Artisan
	Reseller
Only one type of operation is permitted per application and stall space.	Prepared Food Vender
	□Miscellaneous

#### GOODS TO BE SOLD

Provide a general list of the products you would like to sell at the Community Farmers Market. **Products must be a part of your application and approved by the board in order to be sold at the market.** Please be specific and attach a separate sheet of paper if necessary, and/or include a copy of brochures and catalogs if applicable.

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If you wish to share stall space with another vendor please list their business name. *Please note that stall space may not be shared by two different types of businesses. See Type of Operation section above.* DATES OF ATTENDANCE

Indicate the dates you will be attending the market as a vendor.

## You are not required to attend all 20 weeks.

However, you must indicate the dates that you will be in attendance on this application to ensure a stall reservation.

🗆 June 3	July 08	August 12	September 16
June 10	July 15	August 19	September 22
June 17	□ July 22		September 30
		August 26	September 30
June 24	🗆 July 29	September 2	October 07
		'	
July 01	August 05	September 9	October 14

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#### AGREEMENT

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By sign	ning this application on behalf of your business, you attest that you have read and understand its
conten	nts and confirm the following:
•	This application contains accurate and complete information.
•	Only what is listed on this application will be offered for sale.
•	To be responsible for the quality and safety of what you sell.
	To abide by the rules described in the Policies of the Community Farmers Market @Eden Place.
	See additional note below.
•	To follow all USDA Food Stamp Program rules and all Farmers Market Nutrition Program Rules, as outlined in the market policies.
•	You understand that the Market Board has the right to remove vendors from the market who do not comply with market rules.
•	You shall indemnify, keep and save harmless the Eden Place Market (EPFM), Fuller Park Community Development and all agencies the market has agreements with, from and against, any and all claims and demands, whether for injuries to persons, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor and shall defend at vendor's own expense any action brought against the EPFM and any of the above mentioned organizations or any other person or organization with which EPFM has a contractual relationship by vendor's acts or omissions.
Vendo	r Signature:
Vendo	r Name (please print):

**IMPORTANT NOTE!** - Eden Place Farmers Market has implemented a credit/debit/EBT (food stamp) program. The market's goal, with vendors as partners, is to provide alternate payment methods for customers in the form of LINK, debit and credit cards and Senior WIC Farmers Market Stamps. We wish to provide an additional revenue source for vendors, and to offer fresh, local food to low-income families who receive food stamps. For consistency in the program and clarity for the market customer, the market offers all vendors opportunity to participate in the program. Customers will purchase EBT/credit/debit tokens at the Market Information Table and will use tokens to purchase products directly from vendors. All vendors will benefit from this shared technology. Additional training on the program will be provided to approved vendors