



**Edgewater Farmers Market Application 2011  
June 18<sup>th</sup> to Oct. 15<sup>th</sup> 2011**

**Thank you for your interest in the Edgewater Farmers Market 2011 season, which is scheduled to run from June 18<sup>th</sup>, 2011 through October 15<sup>th</sup>, 2011 outside of True Nature Foods at the intersection of Broadway & Norwood in Chicago.**

**Application Instructions:**

**Please answer all applicable questions as completely as possible, attaching additional sheets of paper as necessary. In order to be considered as a market vendor, we must receive your completed application and all supporting documents by April 15, 2011.**

**1. Contact Information**

Vendor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Emergency contacts (please list two names along with their telephone numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

**2. Farm/Orchard Site Information**

Land Address \_\_\_\_\_

Description \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of acres \_\_\_\_\_ Total acreage in production \_\_\_\_\_

Greenhouse (# and sq. ft.) \_\_\_\_\_

**3. Production Practices**

**Farmer Vendors** - *vegetables, fruits, foraged goods, flowers, plants, etc.*

A. Weed Control

Do you use any purchased products or inputs to control weeds? Yes\_\_\_\_ No\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Describe your weed control practices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Insect and disease control

Do you use any purchased products or inputs to control insects and disease? Yes\_\_\_\_ No\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Describe your insect and disease control practices.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Producer Vendors** – *meat, poultry, eggs, dairy, etc.*

A. Nutrition

Do you use any feed additives or injectables to supplement your animals' normal diet?

Yes\_\_\_\_ No\_\_\_\_

If yes, please list: \_\_\_\_\_

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Describe your nutrition program/practices:

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**B. Health**

Do you use any hormones or antibiotics to maintain the animals' health? Yes\_\_\_\_ No\_\_\_\_

If yes, please list: \_\_\_\_\_

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Describe your health maintenance practices.

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What type of confinement or range do the animals have to feed and move around? Explain.

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Are you required to have a health department license/safe food-handling certificate?

Yes\_\_\_\_ No\_\_\_\_(If yes, please attach a copy.)

Do you have an outdoor food-handling sanitation license?

Yes\_\_\_\_ No\_\_\_\_(If yes, please attach a copy.)

**5. Processor Vendors** – *includes bakery goods, honey, jam and jellies, ciders and juices, maple syrup; granola, etc.*

Are your products made in a certified kitchen? Yes\_\_\_\_ No\_\_\_\_

Are you required to have a health department license/safe food-handling certificate?

Yes\_\_\_\_ No\_\_\_\_(If yes, please attach a copy.)

Do you have an outdoor food-handling sanitation license?

Yes\_\_\_\_ No\_\_\_\_(If yes, please attach a copy.)

## 6. Insurance

Do you have liability insurance? Yes\_\_\_\_ No\_\_\_\_

Illinois Sales Tax License# (Required): \_\_\_\_\_

Business Type:\_\_\_\_\_

What is the name of your insurance company?:\_\_\_\_\_

What is your policy number and expiration date?: \_\_\_\_\_

Please state coverage limits per occurrence: \_\_\_\_\_

Aggregate:\_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Business Address: \_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Business Number:\_\_\_\_\_

Fax Number:\_\_\_\_\_

**A COPY OF YOUR INSURANCE POLICY CERTIFICATE MUST BE SUBMITTED FOR YOUR APPLICATION TO BE CONSIDERED. CERTIFICATE SHOULD NAME TRUE NATURE FOODS AND EDGEWATER CHAMBER OF COMMERCE AS ADDITIONAL INSURED.**

## 6. Additional Information

Please list any Farmers Markets that you have sold at the past and when you intend to see in 2011:

Our Markets stalls are for 10x10 tents. Please describe your planned setup at the market and including the number of stalls you would like to use:

Vendors are expected to participate in the market for the entire season, from June through October. If you are unable to meet this expectation please explain why:

Are you products Certified organic? Yes \_\_\_\_\_ No \_\_\_\_\_ If so list certifying agency (please attach a copy of certification)



## 8. Processed Food Vendor Application - Affidavit

I certify that the information contained in this application is true and accurate and that I will comply with the regulations of the Edgewater Farmers Market including accepting assigned space and paying applicable fees. I understand that in order to reserve a place in the market, all registration fees are due by **May 15, 2011**.

Name of Business: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_