

GARFIELD PARK

NEIGHBORHOOD MARKET



2017 VENDOR APPLICATION

Garfield Park Community Council

300 North Central Park Avenue Chicago, Illinois 60624 Phone (773) 638-1766 Fax (773) 638-1777

This form can be completed using Adobe Acrobat, which can be downloaded for free at <https://get.adobe.com/reader>
Please send completed application to Angela Taylor: taylor3433@yahoo.com.

COST: \$25.00 FOR THE SEASON

VENDOR INFORMATION

Business/Company: _____

Contact Person: _____

Telephone (Main): _____

Telephone (Alternate): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

E-Mail Address: _____

PRODUCT(S)/SERVICE TYPE

Processors/Value Added Products:

- Pickled or Fermented Items
- Hot Sauce, BBQ Sauce
- Jam, Jelly, Fruit Butter
- Dry Tea Blends, Dried herbs
- Honey or Maple Syrup
- Baked Goods: Bread, Crackers, Savory
- Baked Goods: Cookies, Pastry, Sweets
- Other: _____

Processors: Non-Food Items:

- Soap, Bath Salts/Scrub, Health/Beauty
- Potted Plants grown by the seller
- Cut Flowers grown by the seller
- Original Artwork designed & created by seller
- Handmade Items designed & created by seller
- Vintage Items (must be 20 years or older)
- Other: _____
- Other: _____

PRODUCT/SERVICE LIST

Please list all products/services you will be bringing/selling at the market and the price range:

MARKET DAY SCHEDULE

The market will take place rain or shine. All vendors and exhibitors are expected to provide service for the full time of the event. Please plan to stay the entire time during the market hours.

MARKET HOURS: 10:00 am to 2:00 pm on Saturdays and 3:00 pm to 6:00 pm on Thursdays, rain or shine.

CHECK-IN/SET UP starts at 9:00 am Saturday and 2:00 pm on Thursday.

Please indicate which Market Days you will be vending:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> ALL MARKETS | <input type="checkbox"/> Saturday, July 8 | <input type="checkbox"/> Thursday, August 17 | <input type="checkbox"/> Saturday, October 14 |
| <input type="checkbox"/> Saturday, June 10 | <input type="checkbox"/> Thursday, July 14 | <input type="checkbox"/> Saturday, September 9 | <input type="checkbox"/> Thursday, October 19 |
| <input type="checkbox"/> Thursday, June 15 | <input type="checkbox"/> Saturday, August 12 | <input type="checkbox"/> Thursday, September 14 | |

MARKET DAY CONTACT:

- Same as "Contact Person" Other (name) _____

Mobile Phone: _____

VENDOR STAFF ON SITE

How many people will be working at your booth? _____

Type of Business:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Family | <input type="checkbox"/> Limited Liability Corporation (LLC) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other _____ |

TENT: PLEASE BRING YOUR OWN: Exhibitors should provide their own tent and will be allotted one space that can accommodate a 10' x 10' tent. Any equipment, including table, chairs, power, counters, signage, etc... should be provided by exhibitor. The tent should be securely staked into the ground, one for each leg of the tent.

- I will bring my own tent, equipment, and stakes.
 I would like to rent a 10' x 10' tent at \$10 per market. I would like to rent a table at \$5 per market (and chair, if available).

OVERSIZE TENT:

- I plan to bring an oversized tent for my booth. What is the size? _____

GENERATOR: Vendors must notify market management in advance of their plan to use a generator for power on site.

- I plan to use a portable generator at my booth

Please list any other logistical considerations the market management needs to be aware of for your booth: _____

Transparency Oath

In an effort to be honest with my customers and fully transparent to the market management, I (the vendor) promise to sell only those products/services which I produce myself or which my business/organization produces. I also agree to be honest about my production practices with both market management and my customers. I understand that breaking this oath may result in immediate removal from the market.

REQUIREMENTS: All vendors must possess the appropriate licenses based on the service(s) provided, goods and/or merchandise for sale, including but not limited to Illinois Business Tax ID Number (IBT#) and a Business Affairs and Consumer Protection (BACP) Account Number

THE UNDERSIGNED HAS READ THE GUIDELINES AND REQUIREMENTS AND BY SIGNATURE BELOW AGREES TO ADHERE/ABIDE BY THEM. KEEP A COPY OF THIS FOR YOUR FILES.

SIGNATURE _____

DATE _____

****EVENT ORGANIZERS WILL NOTIFY YOU OF ACCEPTANCE. SUBMISSION OF APPLICATION DOES NOT GUARANTEE PLACEMENT****