

KANKAKEE FARMERS' MARKET

2009 SEASON APPLICATION

(Please Print ALL Information)

MARKET APPLICANT: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: () _____ **e-MAIL:** _____

WHAT ITEMS OR PRODUCTS WILL YOU SELL?

This list is required. Please be specific. Only items on the document and approved may be sold at the market. Attach a separate list for your convenience.

Orchard: _____

Flowers: _____

Berries: _____

Produce: _____

Other: _____

Location of land used for production.

Section _____ Township _____ County _____ State _____

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Illinois State Retail Sales Tax #: _____ (Required)

Requirements: Electrical _____ Water _____ Other _____

Fees: Spring # of spaces _____ \$\$ _____

Summer # of spaces _____ \$\$ _____

Daily # of days _____

Farmers' Market Use Only:

Application & Fee Received: _____

Space Assigned: _____

(Continued on reverse)

KANKAKEE FARMERS' MARKET (KFM)

2009 SEASON

AFFIDAVIT

I, _____, hereby agree to sell or offer for sale at the Kankakee Farmers' Market only such items as listed on my application form. Further, I will acknowledge full responsibility for all activities conducted through the term of this seasonal market, abide by the market rules and regulations, and agree to hold harmless the City of Kankakee and/or section and departments therefore, and indemnify the City of Kankakee and its sections for any and all claims arising under this permit.

Signature of applicant: _____

Company Name: _____

Address: _____

Telephone: _____ FAX: _____

E-mail: _____

Please sign and return with application fee to:

**Kankakee Farmers' Market
199 S. East Ave. #2
Kankakee, IL 60901**