

KANKAKEE FARMERS' MARKET

2018 Application – DUE APRIL 1ST, 2018

Please print when completing the following application.

Applicant Name: _____
 Company Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Primary Phone: _____ E-Mail: _____

PRODUCT

Please list **ALL** of the items/products you plan to sell throughout the market season(s). Be specific in your listings. Only items listed on this application and approved by the market board and the Kankakee Health Department may be sold during your time at the market. If the space provided is not adequate please attach any additional forms to this application.

The following list of items is REQUIRED for application consideration.

Orchard: _____
 Flowers: _____
 Berries: _____
 Produce: _____
 Other: _____

SAMPLING

Appropriate documents must be attached/received before the start of the market in order to be eligible for sampling consideration by the market board. Please make the appropriate selection below.

If no selection is made than the applicant will not be eligible for sampling options by default.

- Listed applicant **WILL** have sampling options.
 Listed applicant **WILL NOT** have sampling options.

LOCATION OF LAND USED FOR PRODUCT PRODUCTION/GROWTH

Products sold at the market must originate from the locations listed below. Please include all possible locations. If the space provided is not adequate please attach any additional forms to this application.

All locations are subject to verification at any time before, after, or during the market season.

Section: _____ Township: _____ County: _____ State: _____
 Section: _____ Township: _____ County: _____ State: _____

SPACE FEES/REQUIREMENTS

Daily Lots: \$30 for a single space – (2 day limit)
 Spring Lots: \$50 for a single space -- \$25 for each additional space (limit 2)
 Summer Lots: \$350 for a single space -- \$240 for each additional space

DAILY

of spaces requested: _____ Total Cost of Request: \$ _____
SPRING
 # of spaces requested: _____ Total Cost of Request: \$ _____
SUMMER
 # of spaces requested: _____ Total Cost of Request: \$ _____

Electrical Water Other: _____

The following information is REQUIRED for application consideration.

Illinois State Retail Sales Tax # : _____

Insurance Provider/Policy # : _____

(Please provide an attached copy of insurance with application)

All applicants must be in compliance with state and local health department rules.
 Contact the Kankakee Health Department at with any questions or for assistance - (815)802-9414.

Farmers' Market Use Only

Application & Fee Received: _____ Space Assigned: _____