

# KANKAKEE FARMERS' MARKET

## 2019 Application – DUE APRIL 1<sup>ST</sup>, 2019

*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 with your market application in order to be eligible for sampling. 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: \_\_\_\_\_