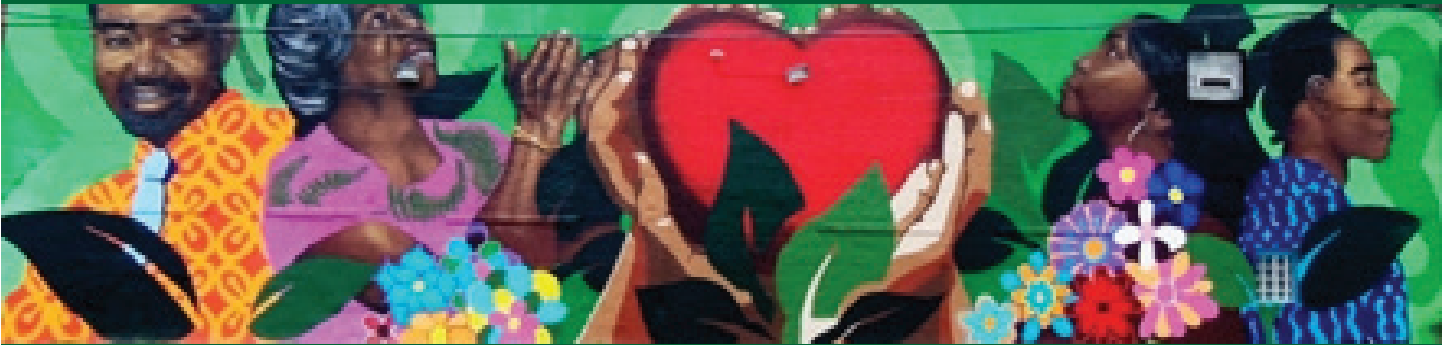


# GARFIELD PARK NEIGHBORHOOD MARKET



## 2016 VENDOR APPLICATION

Garfield Park Community Council 300 North Central Park Avenue Chicago, Illinois 60624  
773.638.1766 (phone) 773.638.1777 (fax)

This form can be completed using Adobe Acrobat, which can be downloaded for free at <https://get2.adobe.com/reader/>  
Please send completed application to Angela Taylor: [taylor3433@yahoo.com](mailto: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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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 1:00 pm on Saturdays and 3:30 pm to 6:30 pm on Thursdays, rain or shine.

**CHECK-IN/SET UP** starts at 9:00 am Saturday and 2:30 pm on Thursday

Please indicate which Market Days you will be vending:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> ALL MARKETS       | <input type="checkbox"/> Thursday July 14th   | <input type="checkbox"/> Saturday September 10th | <input type="checkbox"/> Thursday October 13th |
| <input type="checkbox"/> Thursday June 16  | <input type="checkbox"/> Saturday August 13th | <input type="checkbox"/> Thursday September 15th |  |
| <input type="checkbox"/> Saturday July 9th | <input type="checkbox"/> Thursday August 18th | <input type="checkbox"/> Saturday October 8th    |  |

### MARKET DAY CONTACT:

- Same as "Contact Person"     Other (name) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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## 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 must 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... must be provided by exhibitor. The tent should be securely staked into the ground, one for each leg of the tent.

- I understand that I must bring my own tent, equipment, and stakes.

### OVERSIZE TENT:

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

**GENERATOR:** Vendors must notify market management in advance in they 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 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 \_\_\_\_\_