

Outdoor 2017 Season Farmer/Producer Application

For 2017, there are three different "Primary Vendor" application forms for the Logan Square Farmers Market. Please select and complete the correct form(s). They are:

2017 Farmer/Producer Application, for farmers or producers of raw or minimally processed agricultural products;

2017 Processor/Bakery Application, for processors or bakers of products made from raw or minimally processed ingredients; and,

2017 Prepared Food Application, for sellers of prepared foods produced in whole or in part at the Market, intended primarily for immediate consumption.

To apply for the 2017 Outdoor Season of the Logan Square Farmers Market as a farmer or a producer of raw or minimally processed agricultural products, please complete this form in its entirety. Your complete application, including a \$100 application fee and all supporting documents, must be submitted or postmarked by March 20, 2017. Incomplete applications, including applications unaccompanied by subsequent application fees and supporting documentation, will not be considered.

Early submission is strongly recommended. All applications submitted after March 20, 2017, including applications that are incomplete on that date, will be subject to an additional late fee of \$50. You will be notified of the status of your application no later than April 10, 2017.

The Outdoor Market is held every Sunday beginning May 14, 2017, through October 29, 2017, for a 25 week season, along Logan Blvd. just east of Milwaukee Ave. (Street address for GPS devices is 3107 W. Logan Blvd., Chicago.) The Market is open for business from 10am to 3pm, rain or shine.

The Logan Square Chamber of Commerce 3147 W. Logan Blvd., Suite 12, Chicago, IL 60647

Office Phone: 773-489-3222
Market Phone: 773-620-6299
Fax: 773-489-3760
info@loganchamber.org
www.logansquarefarmersmarket.org

Contact Information

Business Name:				
Primary Contact Name:				
Billing Street Address:				
City:	County: Zip:			
Website:	E-mail:			
Business Phone:	Cell Phone:			
Facebook Page:	Twitter/Other:			
Business Ownership (Check all that apply):				
Family Owned Corporation	Limited Partnership			
Non-profit Organization				
Alternate Contact Name:	Alternate Contact Cell Phone:			
Alternate Contact E-Mail Address:				
Individual(s) responsible for market-day stall management and sales other than primary contact listed above, if				
any: Name:	Title:			
Cell Phone:	E-mail:			
Name:	Title:			
Cell Phone:	E-mail:			

Participation Information

Is this your first time applying to the Logan Square Farmers Market?				
Yes No				
Preferred Frequency:	How many 10' x 10' stalls do you require?			
Weekly Vendor - May through October	1 stall			
☐ Biweekly Vendor - May through October	Prefer shared stall with:			
Weekly or Biweekly - May through October				
Occasional or Short Season Vendor				
Weekly Vendors are expected to commit to the entire May through October season. If you are applying to be a Weekly Vendor, please list all dates you cannot attend the market and explain why the absence is necessary. If you are applying as an Occasional or Short Season Vendor, please list the dates you hope to attend (with a brief explanation). Note that vendors who can attend the whole market season are strongly preferred.				
If you are a returning vendor, when have you have sold at the Logan Square Farmers Market?				
Please list any other markets you have sold at previously:				
Please list any other markets you plan to sell at during the 2017 summer season:				
Please select your preferred payment method:				
Pay as you go: \$40 per stall				
Full season (Weekly Vendors only, due by May 1, 2017): \$770 per stall				

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Sales Tax, Insurance and Business License

Illinois Sales Tax License # (Required)	
	ability Insurance Policy (\$1 million minimum coverage) naming both of Commerce as additional insureds. A current Certificate of oplication or mailed to LSCC by April 1, 2017.
Insurance Company:	Policy #:
Expiration Date:	
If your business is licensed by a local city or mun	icipality please provide the following:
Name of licensing body/location:	License #:
Date Issued:	Expiration Date:
dictated by the state, county, municipality, city, he	ibility for keeping informed of all laws and ordinances (whether ealth department or other governmental organization) in so far my business complies with these laws and ordinances.
	Initials:

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Farm Description

Please list all sites including a map or GPS ready address for each. If items are wild gathered, identify the location(s). If the land is rented, shared or leased, please include contact information for the owner. This information will be used in the event that Market Management decides to perform a site visit. Please make sure it is accurate.

Home Farm Location:	Farming Since:	Acreage:
Acreage in Production: Greenhouse (or	other enclosed space) Square F	=oot:
Approximate Distance to Logan Square:	Owned or Leased?	
	Owned Leased	Both
Owner/Landlord Name:	Owner/Landlord Phone:	
Second Farm Location:	Farming Since:	Acreage:
Acreage in Production Greenhouse (or	other enclosed space) Square	Foot:
Approximate Distance to Logan Square:	Owned or Leased?	
	Owned Ceased	Both
Owner/Landlord Name:	Owner/Landlord Phone:	
**If you have additional farm locations please fill out an additionathis application.	al sheet with the location information	and submit along with
Describe your farm history and farming philosophy (Ne	w vandare places respond in de	tail \
Describe your faith history and faithing philosophy (Ne	w vendors please respond in de	iaii. j.

and respect for the e control practices, ani	nvironment, your farm or b	uction methods produce a high quality product and show care business, and your community. Please discuss pest and weed ommitment to non-GMO sources, soil management, and waste respond in detail.)
Do you use GMO se	eds?	
Yes No		
Are your products U	SDA Certified Organic?	
Yes No		
	party certification you curr tach a copy of your certific	rently hold or are actively seeking, including effective rates to this application:
Producers of meat, fi	sh, poultry, eggs and dairy	 Please list your licensed processing locationsbelow.
Product		Processor's Name & Location
Licensed by:		
USDA	☐ FDA	Department of Health
License #:		

^{**}If you use additional licensed processing locations please fill out an additional sheet with information and submit along with this application.

Please list each raw or minimally processed agricultural item planned for sale at the Market that you produce (be sure to list the months you expect each crop will be available):
Associate Vendor Relationships: Please list each raw or minimally processed agricultural item planned for sale at the Market that you do not produce (be sure to list the months you expect each crop will be available). You will need to have the associate vendor submit the associate vendor application for approval, for sell of goods in excess of the one-time exemption. Please also detail where these items are grown/produced.

*Each vendor is permitted a "one time exemption" with approval from the Market Management, to sell an associate vendor product without an additional application. See the Rules and Guidelines, Section III for further information. Note that Associate Vendors whose products you would like to sell more than once are required to submit a completed Associate Vendor application. Associate Vendor products may not be in excess of the producer-supplied products. Contact the Chamber to determine course of action with associate vendor products and the one-time exemption.

AFFIDAVIT

I have read this application and the Logan Square Farmers Market 2017 Market Rules and Guidelines and if accepted into this Market, I hereby agree to abide by all Rules and Regulations of the Logan Square Farmers Market and accept all decisions and interpretations made by the Logan Square Chamber of Commerce, the operator of the Market, as final.

I have read, understand, and agree to abide by the 2017 Waste Management procedures and Plastic Bag guidelines outlined in the Rules and Guidelines document on pages 8, 9 and 14.

I agree to sell at the Market only those products listed in this application. I also acknowledge those products must be of my own production or produced at the location described on my application. Associate Vendor products must follow procedures outlined in the Rules & Guidelines. I agree to comply with all relevant government rules and regulations related to this business and to pay all taxes due in a timely manner. I acknowledge full responsibility for actions taken at the Market by myself and all those employed by or assisting me.

I acknowledge the sole authority of the Logan Square Chamber of Commerce, its Market Manager and staff, to enforce and interpret the Rules of the Market, to immediately settle any disputes regarding product legitimacy, procedural or vendor conduct violations and impose any penalties, including suspension or removal from the market. I agree to allow the Market Manager and/or representatives of the Market at any time to inspect the premises where the products offered for sale are produced, and acknowledge that failure to allow an inspection will constitute a violation of Market rules.

I understand that the Logan Square Chamber of Commerce does not carry insurance covering individual participants and that I am required to carry such insurance.

Indemnification and Holds Harmless Agreement: The undersigned, for himself and, if different, for the person, business or organization on behalf of whom this application is submitted, hereby agrees to indemnify the Logan Square Chamber of Commerce and the City of Chicago and their officers, agents, employees and assigns, for and to hold them harmless from any liability and/or for any contractual or quasi contractual obligations to third parties in connection with any activity, event(s), use or occurrence at the Market.

I understand that Market fees are due and payable upon receipt of bills therefore, and that non-payment may, at the sole discretion of the Logan Square Chamber of Commerce, result in suspension or removal from the Market; and that final fee payment is due no more than 30 days after the last Market day.

I certify that the information contained in this application is true & accurate.

Business Name:	_
Signature:	Date:

Checklist:

Did you include a...

^{*}Check? *Certificate of Liability Insurance?

^{*}Copy of third party certification(s) (if applicable)? *Associate Vendor Application (if applicable)?