



# 95<sup>th</sup> Street Farmers Market Application 2020

## 95<sup>th</sup> Street Business Association

### I. CONTACT INFORMATION (Please Print)

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

I am a:  Farmer  Gardener  Merchandise Vendor  Craft Vendor  Other

Is this your first time applying to the 95<sup>th</sup> Street Farmers Market?  Yes  No

If no, how many years have you sold at our market? \_\_\_\_\_

Please list all city and non-city Farmers Markets where you sell \_\_\_\_\_

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### II. General Information

**Please note that we no longer allow vendors to sell products from another farm without full transparency.** If you would like to sell product from another producer, you must apply as a Cooperative Vendor.

#### 1. Cooperative Vendors Only

Please briefly list all members of the cooperative below. Each member must submit their own application completed in full, detailing the product(s) they will contribute, *along with this application*.

Farm/Business Name

City/State Location

_____	_____
_____	_____
_____	_____
_____	_____

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**2. Gardener/ Vendors (if applicable)**

Farm/Business Name

Address/City/State

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**3. All vendors:** Check each category in which you plan to bring product to market:

- |  |  |
|--|--|
| <input type="checkbox"/> Fruit                 | <input type="checkbox"/> Flowers       |
| <input type="checkbox"/> Vegetables            | <input type="checkbox"/> Poultry, Eggs |
| <input type="checkbox"/> Meat, Fish            | <input type="checkbox"/> Dairy         |
| <input type="checkbox"/> Baked Goods           |  |
| <input type="checkbox"/> Other, please specify |  |

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**5. Farmers/Gardeners Only**

**GROWING PRACTICES**

Are you Certified Organic?  Yes  No (If yes, list certifying agency)\_\_\_\_\_

**1. Farmers (vegetables and fruits, foraged goods, flowers and plants, etc.)**

a. Integrated Pest Management (IPM) Practices

Do you use IPM practices?  Yes  No

Describe your IPM method including detection strategies and materials used.

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b. Weed Control

What weeds are your major problems?

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Do you use any purchased products or inputs to control weeds?  Yes  No

Please list them all and be specific: \_\_\_\_\_

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Describe your weed control practices:

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c. Disease and Pest control

What insects and diseases are your major problems? \_\_\_\_\_

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Do you use any purchased products/inputs to control insects and disease?  Yes  No

Please list them all and be specific: \_\_\_\_\_

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**2. Processors (includes bakery goods, cheese and other dairy products, honey, jam and jellies, ciders, juice, maple syrup, granola; all meat, and poultry items--frozen, cured, smoked, etc.; soaps, oils, etc.)**

a. List all prepared food or other products you hope to sell at the market.

Products intended for sale at the 95<sup>th</sup> Street Farmers Market (be specific, please):

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

## II. Sales Tax and Insurance Requirements

The State of Illinois requires a sales tax for all food sales. All applicants must have an Illinois Sales Tax License before applying. Include the License # below and attach a copy of the license to this application. Vendors who participated in City of Chicago Farmers Markets Program last season (2015) must show proof of sales tax payment with this application.

Illinois Sales Tax License # \_\_\_\_\_ (attach copy of license)

**ATTACH COPY OF 2017 SALES TAX PAID TO THE STATE OF ILLINOIS (annual or monthly statement)**

### **INSURANCE INFORMATION**

All applicants must carry commercial liability insurance (\$1 million) for protection against damages in the event an injury occurs at the Market or an injury is caused by the product(s) they sell at the Market. All vendors are responsible for carrying the required insurance.

Insurance Co: \_\_\_\_\_

Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_ Per Occurrence: \_\_\_\_\_

Aggregate: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**A COPY OF YOUR INSURANCE POLICY CERTIFICATES MUST BE ON FILE WITH OUR OFFICE BEFORE YOUR APPLICATION WILL BE CONSIDERED COMPLETE. YOU MUST HAVE A CERTIFICATE OF INSURANCE LISTING THE CITY OF CHICAGO AND THE 95<sup>TH</sup> STREET BUSINESS ASSOCIATION.**

Please submit your application to:

**95th Street Business Association  
2100 West 95th Street  
Chicago, IL 60643  
Phone: 773-238-4094**