



Lockport Chamber of Commerce Farmer's Market APPLICATION 2020

First Time Applicants: Submit Application Only for Review & Approval

Applications received after Friday, July 31 deadline will be considered on a first come, first served basis.

Farmer's Market runs 7 weeks; every Monday from August 10 through September 28
(Hours: 4:00 PM to 8:00 PM) **(Will NOT OPEN Labor Day; September 7)**

DATE: _____

ILINOIS STATE SALES TAX NO. _____
(Attach 2019 IL State Tax Form ST-1 or ST-2)

CONTACT NAME _____

BUSINESS NAME _____

ADDRESS _____

CITY _____

STATE _____

IL _____

PHONE (DAY) _____

(EVENING) _____

(CELL) __ _____

EMAIL _____

WEBSITE / FACEBOOK_ _____

Location of land used for production (if applicable):

SEC. _____ TOWNSHIP _____ COUNTY _____ STATE _____

SEC. _____ TOWNSHIP _____ COUNTY _____ STATE _____

SEC. _____ TOWNSHIP _____ COUNTY _____ STATE _____

If renting, give name, address & phone number of land owner(s): _____

Attach proof of land ownership/lease (as applicable) _____

LIST ALL ITEMS THAT YOU INTEND TO SELL DURING THE SEASON:

*Note: Sellers are only allowed to sell items you grow, produce, and/or make yourself. If an item is not listed, you may NOT sell it unless you amend your application. Listing a product is not authorization to sell. Products must be approved. **No product additions during market season without prior approval.**



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APPLICATION 2020**

2020 MARKET PARTICIPATION FEES

Prepared Food & Producer:

Farmer's Market runs 7 weeks; Mondays; from August 10 through September 28 (EXCEPT Sept. 7)

FIRST MONDAY FREE

Yes, I would like to participate in the Farmer's market at \$75 for a single space (10 x 10 space): \$75.00

Yes, I would like additional space at \$75 for each additional 10 x 10 space requested

_____ # of spaces @ \$75each = \$ _____

Yes, I require electricity for the Farmer's market (one outlet) **\$ No Charge**

(Please indicate for what purpose –be specific; include amps
(i.e., refrigerator, freezer, cash register, etc.) _____

Yes, I would like additional electrical outlet at \$25 for each
additional outlet requested _____ # of outlets @ \$25each= \$ _____

TOTAL FARMER'S MARKET FEE: \$ _____

Vendor Signature: _____

Make Check Payable to: Lockport Chamber of Commerce

Mail check, application, certificate of insurance, rules and regulations acceptance form and indemnification certificate to:

Lockport Chamber of Commerce
Farmer's Market
222 E. 9th St.
Lockport, IL 60441

Office Use Only:
Date Rec'd: _____
Info Complete: ___Yes ___No
Date Approved _____