



Lockport Chamber of Commerce Market at the Square APPLICATION 2022

First Time Applicants: Submit Application Only for Review & Approval

Applications received after Friday, May 20 deadline will be considered on a first come, first served basis.

Farmer's Market runs 12 weeks; every Monday from June 6 through August 29 (Hours: 4:00 PM to 8:00 PM) (No market July 4, 2022)

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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2022 MARKET PARTICIPATION FEES

Prepared Food & Producer:

Farmer's Market runs 12 weeks; Mondays; from June 6 through August 29	
<input type="checkbox"/> Yes , I would like to participate in the Farmer's market at \$100 for a single space (10 x 10 space):	\$100.00
<input type="checkbox"/> Yes , I would like additional space at \$75 for each additional 10 x 10 space requested _____ # of spaces @ \$75each= \$ _____	
<input type="checkbox"/> Yes , I require electricity for the Farmer's market (one outlet)	<u>\$ No Charge</u>
(Please indicate for what purpose –be specific; include amps (i.e., refrigerator, freezer, cash register, etc.) _____	
<input type="checkbox"/> 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	_____