



Thank you for your interest in our 2019 Low-Line Market. The Market is held Thursday evenings from June 6 through October 10 (with the option to extend into the rest of October, weather permitting) from 3:30pm – 7:30pm (ending at 7pm in September & October) under the auxiliary exit of the Southport CTA Brown Line station. Please note, vendor space is limited and filling out an application does not guarantee participation. The Low-Line Market reviews all applications carefully and accepts vendors that best meet the market needs.

Please answer all applicable questions as completely as possible, attaching additional sheets of paper as necessary. See market guidelines and FAQ for more information.

**VENDORS:**

- Section I – Contact Information
- Section II – General Information
- Section III – For Farmers Only
- Section IV – For Processors/Prepared Food Only
- Signed Letter of Agreement
- Copy of Illinois Sales Tax License
- Copy of Commercial General Liability Insurance

Once accepted to the market you will need to submit:

- Copy of Commercial General Liability Insurance with Friends of Lakeview, Lakeview Chamber of Commerce, Chicago Transit Authority and City of Chicago listed as additionally insured as shown below
  - o Description: Friends of Lakeview, Lakeview Chamber of Commerce, Chicago Transit Authority and the City of Chicago are listed as additionally insured.
  - o Certificate Holder: Friends of Lakeview, 1409 W. Addison St, Chicago, IL 60613

**IF APPLICABLE:**

- Organic certificate or other certifications regarding production practices
- Health Department permit and/or certifications
- City of Chicago health inspection report (within 6 months of market start date)
- Sampling or Food Service Manager certificate
- Copies of applicable licenses

**DEADLINE: FRIDAY, APRIL 5, 2019**

Please let me know if you have any additional questions. You can contact me at (773) 472-7171 ext. 105 or [lowlinemarket@lakeviewchamber.com](mailto:lowlinemarket@lakeviewchamber.com).

Sincerely,

Carisa Marconet  
Events & Marketing Manager  
Lakeview Chamber of Commerce



**I – CONTACT INFORMATION (Please Print Legibly)**

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

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

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

Contact Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Alternate Contact (name & phone): \_\_\_\_\_

Business Address Website: \_\_\_\_\_

**Illinois Sales Tax License # (REQUIRED):** \_\_\_\_\_

**Business Type (check only one):**

Individual       Family       Partnership       LLC  
 Not-for-profit Corporation       For-profit Corporation      Other: \_\_\_\_\_

**Vendor Type (check all applicable options)**

Fruits       Vegetables       Dairy       Eggs       Flowers  
 Meats       Fish       Poultry       Flowers       Baked Goods  
 Prepared Foods      Other: \_\_\_\_\_

**II – GENERAL INFORMATION**

Please list all City of Chicago and non-city farmers markets where you have sold and where you intend to sell in 2019:

\_\_\_\_\_  
\_\_\_\_\_

Are you Certified Organic?  Yes       No  
If yes, please list certifying agency and date of last inspection: \_\_\_\_\_

\_\_\_\_\_



Do you possess any certificates regarding your production practices not mentioned above?

Yes  No

If yes, please list:

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Do you grow and/or raise all products or ingredients that you plan to sell at the Low-Line Market?

Yes  No

If no, who do you purchase or take on consignment from?

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Do you intend to distribute a CSA at our market?  Yes  No

**Vendor Cost:**

Farmer/Producer: Must grow/produce 100% of the product they sell, with an exception approved by the Market Manager. Vendor fee is \$325 for one 10' x 10' space for the season.

Processor/Prepared Foods: Any vendor who sells a value-added product who is not the primary grower or producer of the raw ingredients used to make that product. Vendor fee is \$425 for one 10' x 10' space for the season.

Check if you are requesting additional space(s). The Market Manager will be in contact if you are.

Check if you are interested in a rotating vendor space where you will have a 10' x 10' space for 9 weeks of the market, alternating weeks with one other vendor. Vendor fee for a rotating space is \$250/season. NOTE: This arrangement is dependent on interest and space availability, and cannot be guaranteed.

**Market Dates:**

Vendors are expected to participate in the Market each week for the entire season or every other week if you are a rotating vendor. Please **MARK** below any dates you will **NOT** be present. (Note: If you are interested in only attending one market, contact the Market Manager for availability.)

June		July		August	
6		4	NO MARKET	1	
13		11		8	
20		18		15	
27		25		22	
				29	
September		October			
5		3			
12		10			
19					
26					



What makes your product a good fit for the Low-Line Market?

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**III – FARMERS ONLY:**

**A.** Use this chart to identify the items you will be selling at the Market. After the item listed, please specify the number of varieties, the approximate dates the item will be available (example: June Wk 2), the volume of the item (producers, please indicate the acreage amount and processors please indicate the quantity of items), and finally, please specify if the product is organic. Attach additional sheets if necessary.

Item	# of Varieties	Approx. Date Available	Acreage/Qty.	Organic?



**B. (Produce Farmers Only) –**

1) List your suppliers for seeds. Do you use seeds treated with insecticides or fungicides? If so, explain why. \_\_\_\_\_  
\_\_\_\_\_

2) What are your pest and weed control practices? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. (Animal Product Farm Vendors Only) –**

1) List your suppliers for feed. What kind of feed (contents of feed, supplier and whether it is GMO/certified organic/other) do you use for your animals? \_\_\_\_\_  
\_\_\_\_\_

2) What are your animal handling practices? Do you treat your animals with any hormones or antibiotics? \_\_\_\_\_  
\_\_\_\_\_

**D.** Please list all sites, including a map for each (show farm boundaries, growing areas, crop locations, and storage sheds, packing/processing facility locations).

1) Land Description & Address: \_\_\_\_\_

County, City, State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_

Greenhouse (# and total sq. ft.): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Land Description & Address: \_\_\_\_\_

County, City, State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_

Greenhouse (# and total sq. ft.): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Land Description & Address: \_\_\_\_\_

County, City, State: \_\_\_\_\_



Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_

Greenhouse (# and total sq. ft.): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**4) Land Description & Address:** \_\_\_\_\_

County, City, State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_

Greenhouse (# and total sq. ft.): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV – PROCESSORS/PREPARED FOOD ONLY includes: baked goods, cheese, and other dairy products, honey, jam and jellies, ciders, juice, maple syrup, granola, all meat and poultry items (frozen, cured, smoked), soaps, oils, etc.**

List all prepared food or other products you hope to sell at the market. Please list the name of each product (A), major ingredients for each item or product you hope to sell at the Market (B), the source for each ingredient (C), and whether the ingredient is local and/or organically certified (D). Each item must be accompanied by its own ingredient list and source sheet (see attached). On the same sheet, please list license(s) needed to produce the product/item and where the item is being processed or prepared. If you have seasonal items, please include the dates and items that will be offered.

**A. Products intended for sale at Low-Line Market (be specific, please):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**B. List the major ingredient that you produce that goes into your product(s):**

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### C. Labeling of Processed Products

Every food pre-packed in advance of retail sale must bear the following information in English on its label:

- The common and/or usual name of the product
- The name, address, and zip code of the manufacturer, processor, packer, preparer or distributor
- The contents of the package
- A list of ingredients in order of their predominance by weight, with ingredients shown by their common or usual name
- A list of any artificial color, artificial flavor, or preservative used

Provide the following information for **EACH** packaged or processed product you intend to sell at the market. Please use additional sheets if necessary.

**1) Product Name:** \_\_\_\_\_

Packager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**2) Product Name:** \_\_\_\_\_

Packager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**3) Product Name:** \_\_\_\_\_

Packager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**4) Product Name:** \_\_\_\_\_

Packager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**5) Product Name:** \_\_\_\_\_



Packager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**D.** If you are selling your product as organic either through labeling or implying it is organic through you company name or advertising; the raw ingredients and their final percentage in the finished product must be organically certified and meet USDA organic labeling standards. Additionally, the facility where your product is produced or processed must be licensed for organic processing. Please attach all necessary documentation to support this with the application.

Location of Kitchen: \_\_\_\_\_

Inspection Agency: \_\_\_\_\_

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

Inspecting Agent (Contact Name): \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Licensed Processing Location: Are these USDA licensed? \_\_\_Yes \_\_\_No

Please list all products and licensed processor locations:

Product	Processor's Name & Location	Licensed by	License #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____





**LOW-LINE MARKET LETTER OF AGREEMENT**

I have read the 2019 Low-Line Market FAQ and Guidelines, and agree to abide by and operate by the provisions set forth in this document, cooperate with the Market Manager and pay the required fee.

I understand that the management reserves the right to restrict the type(s) of products I can sell at the Low-Line Market. I agree that any new, additional products must be pre-approved by the Market Manager prior to sale. I acknowledge those products must be of my own production or produced at the location described on my application. I acknowledge full responsibility for all of my activities in the Low-Line Market (and for those assisting me) throughout the term of this season's Market (2019).

Reimbursement to Low-Line Market: Applicant hereby agrees to reimburse Low-Line Market for any expense in regards to excessive clean up or restoring, and repairing the premises occasioned by any use or activity carried on by applicant or those under applicant's permit.

Indemnification and Hold-Harmless Agreement: The undersigned, by themselves and, if different, for the person or organization on behalf of whom this application is submitted, hereby covenants to indemnify the Low-Line Market and its officers, agents, employees and assigns, and to hold them harmless, from any liability and/or for any contractual or quasi-contractual obligations to third parties in connection with the activity, event use or occurrence.

I understand that breaking any of this agreement may result in removal from the 2019 Market. I understand that the Market Manager and Friends of Lakeview reserve the right to terminate any vendor agreement and remove a vendor from the Market at any time, and agree to withdraw from the market if asked to do so.

I certify that the information contained in this application is true and accurate:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Signature (PLEASE PRINT): \_\_\_\_\_

Title: \_\_\_\_\_