



2019 Lincoln Square Farmers Market Application

Operated by: Lincoln Square Ravenswood Chamber of Commerce

Please answer ALL applicable questions completely.

DUE Friday, March 22, 2019: completed application & page 11 of Rules and Guidelines

Friday, April 12, 2019: Vendors notified of acceptance by Market Manager

DUE Friday, May 3, 2019: 50% deposit, certificate of insurance, supporting documentation

DUE Friday, August 16, 2019: 50% balance payment

**Vendor space(s) will be released with non-compliance of payment/documentation due dates.

**Submissions after March 22, 2019, will be reviewed on an as-needed, rolling basis only.

Vendor Season Fees

___ \$550 **per each 10'x10' space** for entire 22 week season TUESDAY

___ \$500 **per each 10'x10' space** for entire 20 week season THURSDAY (no markets July 4 and September 5)

Please consider my application for ___ Tuesday only ___ Thursday only _____ Both markets

VENDOR CHECKLIST:

- Section I. Contact Information
- Section II. General Information
- Section III. Insurance & Licensing Information
- Section IV. Product list/Growing calendar
- Signed Transparency Oath
- Signed Letter of Agreement
- Proof of Commercial Liability Insurance
- Copy of Illinois Sales Tax License
- Section V. Farm/Orchard Site Location Information
- Section VI. Production Practices
- Section VII. 2019 Market Season Dates



IF YOU HAVE BEEN ACCEPTED TO A CITY OF CHICAGO FARMERS MARKET OR GREEN CITY MARKET IN 2018 OR 2019, PLEASE SUBMIT:

- A copy of your most current application to a City of Chicago Farmers Market or Green City Market.
- A copy of your most current Letter of Acceptance to a City of Chicago Farmers Market or Green City Market.
- Signed Transparency Oath and Letter of Agreement
- Section VII. 2019 Market Season Dates
- Signed page 11 of Rules and Guidelines document

IF YOU HAVE NOT PARTICIPATED IN A CITY OF CHICAGO FARMERS MARKET OR GREEN CITY MARKET IN 2018 OR 2019, PLEASE COMPLETE THE FOLLOWING SECTIONS OF THE APPLICATION:

Farmer (vegetables, fruits, foraged goods, flowers, plants, etc.)

- Section V. Farm/Orchard Site Location Information
- Farm Map (show farm boundaries, growing areas, crop location, storage sheds, packing and processing facility locations)
- Copy of latest property tax bill or lease documentation
- Section VI. (A) Production Practices: Farmers

Producer (meat, poultry, eggs, dairy)

- Section VI. (B) Production Practices: Producers

Processor (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...)

- Section VI. (C) Production Practices: Processors
- If necessary, email nicole@lincolnsquare.org to coordinate drop off of sample

IF APPLICABLE:

- Organic certificate
- Other certifications regarding production practices
- Health Department permit and/or certifications
- Copies of applicable licenses



I. Contact Information (Please Print)

Business Name: _____

Contact Person: _____

Business Address: _____

City, State, Zip: _____

Township: _____ County: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax Number: _____

Email Address: _____ Website: _____

Facebook: _____ Instagram: _____

I am a(n): Individual Family LLC Partnership Corporation Co-Op Other

If Other, please explain: _____

I am to be listed as the *primary* contact for a Cooperative Vendor Yes No

I am applying as a: Vendor only Co-Op

What is the name of your Co-Op? _____

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

Please list all 2018 Farmers Markets you participated in as a vendor: _____

Please list all 2019 Farmers Markets you have or will apply to: _____



Vendors who have been approved by City of Chicago sponsored or Green City Markets in 2018 or 2019 may submit a copy of those approved applications along with their letter of acceptance in lieu of filling out sections V and VI of this application (please refer to the Vendor Checklist for a complete list of requirements).

I have been approved by the following market(s) in 2019 and have included a copy of my application and letter of acceptance from said market: City of Chicago Green City

I was approved by the following market(s) in 2018 and I certify that my growing practices have not changed since 2018. I've included a copy of my 2019 application and letter of acceptance from said market: City of Chicago Green City

II. General Information

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

Are you Food Alliance Certified "Sustainable"? Yes No

If yes, please list date of last Inspection. _____

Do you possess any certificates regarding your production practices not mentioned above? Yes No

If yes, please list: _____

Do you grow and/or raise all products or ingredients that you plan to sell at the Lincoln Square Farmers Market?

Yes No

If no, please explain:

Check each category in which you plan to bring product to the market:

Farmer/Producer: Must grow/produce 100% of the product they sell, with any exception approved by the Market Manager.

Processor: 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.



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

III. Insurance & Licensing Information

All applicants must have a comprehensive general liability insurance policy listing the Lincoln Square Ravenswood Chamber of Commerce and the City of Chicago as additional insureds. It must have a minimum coverage of \$1 million per occurrence and \$1 million aggregate and include:

- Broad form coverage
- Products/completed operation
- Personal injury
- Advertising injury coverage

Applicants should also have \$1 million in hired and non-owned automobile insurance.

Insurance Co.: _____ Policy#: _____

Exp. Date: _____ Coverage Limit: _____

Per Occurrence: _____ Aggregate: _____

Agent Name: _____ Agent Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Illinois requires that sales tax be collected in the sale of food, therefore you must have an Illinois Sales Tax License before applying to this market. Please include the License # here. A copy of the license is due, upon acceptance, by May 3, 2019.

Illinois Sales Tax License # _____



Please note: Once accepted, a copy of your updated insurance policy certificate AND a copy of your 2018 sales tax filing to the State of Illinois (annual or monthly statement) must be submitted as supporting documentation.

IV. Products List

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 Dates Available	Acreage/Qty	Organic?



Transparency Oath

In an effort to be honest with my customers and fully transparent to the Market Management, I promise to sell only those products which I produce myself or which my cooperative produces.

I also agree to be honest about my production practices with both Market Management and my customers.

I understand that breaking this oath will result in removal from the 2019 Market.

I understand that the Market Manager and the Lincoln Square Ravenswood Chamber of Commerce reserve the right to terminate any vendor agreement and remove a vendor from the Lincoln Square Farmers Market at any time, and I agree to withdraw from the Lincoln Square Farmers Market if asked to do so.

Name of Business _____

Signature _____

Print Name _____



Letter of Agreement

I have read the Lincoln Square Farmers Market Guidelines. I agree to abide by and operate by the Market's Guidelines, cooperate with the Lincoln Square Ravenswood Chamber of Commerce (LSRCC) and pay the required fees. I agree to sell at the Lincoln Square Farmers Market only those items I have listed on the attached Product List. As the season progresses, any new items I'd like to add to the Products List will be submitted to the Market Manager for approval prior to any sales.

I understand that the Lincoln Square Ravenswood Chamber of Commerce (LSRCC) reserves the right to restrict the type of product(s) I am allowed to sell at the market. I agree that any new, additional products must be pre-approved by the Lincoln Square Farmers Market Manager prior to sale. I acknowledge those products must be of my own productions or be produced at the location described on my application. I acknowledge that I am not a subcontractor or employee of the LSRCC and take full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's market (June - October, 2019).

I acknowledge the authority of the LSRCC to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I agree to allow the LSRCC and/or Lincoln Square Farmers Market Manager to inspect the premises where the products offered for sale are produced at any time. Failure to allow an inspection will constitute a violation of Market rules. I understand that the LSRCC and/or Lincoln Square Farmers Market Manager reserves 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 understand that the LSRCC does not carry any insurance policies to cover individual participants and that I am required to carry such insurance. I will comply with all local, federal, state and municipal laws and ordinances in the operation of my booth during the Lincoln Square Farmers Market and shall insure my merchandise against loss by theft or damage.

Reimbursement to the Lincoln Square Ravenswood Chamber of Commerce: Applicant hereby agrees to reimburse the LSRCC for any expense of providing labor, equipment, and facilities, cleaning up or restoring, and repairing the premises occasioned by any use or activity carried on by application or those authorized under applicant's permit.

Indemnification and Hold-harmless Agreement: The undersigned, for him/herself and, if different, for the person or organization on behalf of whom this application is submitted, hereby releases LSRCC, its officers, staff, board members, and Lincoln Square Farmers Market Manager from any and all claims for, and agrees that LSRCC, its officers, staff and board members, and Lincoln Square Farmers Market Manager shall have no responsibility for, personal injury sustained by the Applicant, its agents or employees, or damage to, or loss or destruction of, the Applicant's property. The Applicant further agrees to indemnify and hold LSRCC, its officers, staff and board members, and Lincoln Square Farmers Market Manager harmless, from and against any and all claims for personal injury, damage to property or theft occurring in or about the Lincoln Square Farmers Market area, whether to the Applicant, its agents or employees or any third party, caused in part or in whole by the participation of the Applicant in the Lincoln Square Farmers Market, and 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 certify that the information contained in this application is true and accurate.

a) Primary Producer/Processor

Name of Business: _____ Print Name: _____

Signature: _____ Date: _____

Please note: For each cooperative grower arrangement you will be making for the Lincoln Square Farmers Market season, you will need to have a signed Letter of Agreement attached to this application.

b) Cooperative Growing Partner

I am a co-op partner and _____ has my permission to sell my product(s) at the 2019 Lincoln Square Farmers Market.

Name of Business: _____ Print Name: _____

Signature: _____ Date: _____



V. Farm/Orchard Site Location Information

Please list all sites, including a map for each (show farm boundaries, growing areas, crop locations, and storage sheds, packing/processing facility locations.) If items are wild gathered, identify the location(s) and attach a permission from the property owner where gathered. If the land is rented, please include contact information for the owner and a copy of the rental lease agreement. If property is owned by you, please attach a copy of your latest property tax bill.

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: _____

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: _____

VI. Production Practices

A. 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.

What IPM courses or training have you taken? Please note when and where.



What IPM certification do you have? Please note certifier and date.

Do you use an IPM scout or consultant? Please describe that relationship along with their name and contact information.

b. Weed Control

What weeds are your major problems?

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

Please list them all and be specific: _____

Describe your weed control practices:

c. Disease and Pest control

What insects and diseases are your major problems? _____

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

Please list them all and be specific: _____

Describe your insect and disease control practices:



B. Producers (meat, poultry, eggs, dairy)

If you plan to sell cheese but do not produce the milk, please report in this section on the practices of the dairy you use and provide their contact information here:

a. Nutrition

Do you use any feed additives or injectables to supplement the animals' normal diet?

Yes No If yes, what do you use? _____

Describe your nutrition program/practices:

b. Health

Do you use any hormones or antibiotics to maintain the animals' health? Yes No

If yes, what do you use? _____

Describe your health maintenance practices and how you fight sickness / disease:

c. Surroundings

Feed lot Pasture Combination

What type of confinement or range do the animals have to feed and move around? Explain:

d. Licensed Processing Locations: Are these USDA licensed? _____



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

C. 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. Each must be accompanied by its own Ingredients list and source sheet (see attached). Please make additional copies as necessary. Be sure to note what percentage of each ingredient is in the final product and highlight any local or Midwest grown ingredients, and any ingredients from a vendor at our Market or other area Farmers Market used in your products. If you have seasonal items, please include the dates the items will be offered. Products not approved for immediate sale will be wait-listed and you will be contacted if or when the product is approved. A sample of all product labels must be submitted with application.

Products intended for sale at Lincoln Square Farmers Market (be specific, please; add additional sheets, if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

b. List the major ingredients that you produce that go into your products.



If there are none, please explain:

c. Are you personally involved in the physical production of your product(s)? Yes No

Please describe how you make your products:

d. If you use a co-packer or co-producer, please explain what involvement you have in the development and production of your product.

e. Do note if you are required to have a health department license or safe food-handling certificate. Upon acceptance, this supporting documentation is due by May 3, 2019.

f. Licensed Food Processing Locations (where products are fabricated):

Product	Processor's Name & Location	Licensed by	License #
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>



g. What makes you and your products a good fit for the Lincoln Square Farmers Market?

C (1) Labeling of Processed Products

Every food pre-packaged 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 net contents of the package;
- A list of ingredients in the order of their predominance by weight with ingredients shown by their common or usual name; and
- 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.

a) **Product Name:** _____

Packager: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

b) **Product Name:** _____

Packager: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



c) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

d) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

e) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

C (2) Packaged/Processed Items

a.) Item name: _____
Ingredients grown by you: _____
Ingredients NOT grown by you: _____
Source of ingredients NOT grown by you: _____

b.) Item name: _____
Ingredients grown by you: _____
Ingredients NOT grown by you: _____
Source of ingredients NOT grown by you: _____

c.) Item name: _____
Ingredients grown by you: _____
Ingredients NOT grown by you: _____



Source of ingredients NOT grown by you: _____

d.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

e.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

f.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

g.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

h.) If you are selling your product as organic either through labeling or implying it is organic through your 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 include this necessary supporting documentation, if accepted, by May 3, 2019.



C (3) Processing Facility Inspection

All processed foods must be prepared in a kitchen that has been inspected and approved by the appropriate governmental agency. If you plan to sell this type of product, please provide the following information:

Location of kitchen: _____

Inspection agency: _____

Phone: _____

Inspecting agent: _____

Inspection date: _____ Exp. date: _____

Upon acceptance, your 50% deposit along with copies of all applicable supporting documents are due by Friday, May 3, 2019.



VII. 2019

Market Season Dates

In order to ensure a full market, please let the Market Manager and Lincoln Square Ravenswood Chamber of Commerce office know if you will be unable to attend a specific market date by checking the date below. Early notification allows time to fill empty space with one-off and pop-up vendors.

Unless otherwise noted below, it is expected that all vendors will be at the market every week. Please circle any date(s) you will NOT be present at the market:

Tuesday Farmers Market:

June 4 11 18 25
July 2 9 16 23 30
August 6 13 20 27
September 3 10 17 24
October 1 8 15 22 29

Thursday Farmers Market:

June 6 13 20 27
July 11 18 25
August 1 8 15 22 29
September 12 19 26
October 3 10 17 24 31