

FRANKFORT COUNTRY MARKET APPLICATION 2021



Returning Vendors: *Submit Application, Certificate of Insurance, Rules & Regulations Acceptance, ST-1 Form and Indemnification Certificate, and Payment*

First Time Applicants: *Submit Application Only for Review & Approval*

Hours: 9:00 AM to 1:00 PM

SPRING: April 25 - May 30

SUMMER: June 6 - August 29

(NO MARKET JULY 4 – HOLIDAY AND JULY 11 – BLUEGRASS FEST)

FALL: September 12 - October 24

(NO MARKET SEPTEMBER 5 – FALL FEST)

OFFICE USE ONLY:

SPRING: Yes or No Paid: _____ Date: _____	SUMMER: Yes or No Paid: _____ Date: _____	FALL: Yes or No Paid: _____ Date: _____
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DATE _____

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

CONTACT NAME _____ BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE: _____

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.**

2021 MARKET PARTICIPATION FEES

Prepared Food & Producer:

Spring Market runs 6 weeks from April 25 through May 30

- Yes**, I would like to participate in the SPRING market at \$175 for a single space (10 x 10 space): \$175.00
- Yes**, I would like additional space at \$175 for each additional 10 x 10 space requested _____ # of spaces x \$175 each= \$ _____
- Yes**, I require electricity for the SPRING 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 x \$25 each= \$ _____
- TOTAL SPRING MARKET FEE: \$ _____**

Summer Market runs 11 weeks from June 6 through August 29 (NO MARKET ON JULY 4 OR JULY 11)

- Yes**, I would like to participate in the SUMMER market at \$375 for a single space (10 x 10 space): \$375.00
- Yes**, I would like additional space at \$375 for each additional 10 x 10 space requested _____ # of spaces x \$375 each= \$ _____
- Yes**, I require electricity for the SUMMER 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 x \$25 each= \$ _____
- TOTAL SUMMER MARKET FEE: \$ _____**

Fall Market runs 7 weeks from September 12 through October 24 (NO MARKET SEPTEMBER 5)

- Yes**, I would like to participate in the FALL market at \$175 for a single space (10 x 10 space): \$175.00
- Yes**, I would like additional space at \$175 for each additional 10 x 10 space requested _____ # of spaces x \$175 each= \$ _____
- Yes**, I require electricity for the FALL 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 x \$25 each= \$ _____
- TOTAL FALL MARKET FEE: \$ _____**

GRAND TOTAL 2020 FEE: \$ _____

Vendor Signature: _____

PLEASE NOTE: Returning Vendors: Total participation fee, application, certificate of insurance, rules and regulations acceptance form, sales tax form(s), proof of land ownership/lease and indemnification certification are due with the submission of the application.

DEADLINE: JANUARY 31, 2021

Make Check Payable to: Village of Frankfort

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

Office Use Only:
Date Rec'd.: _____
Info Complete: Yes No
Date Approved: _____

Village of Frankfort
Attn: Sue Lynchey
432 W. Nebraska
Frankfort, IL 60423
Phone: 815-469-2177
Fax # 815-469-7999