Winter Market 2023/2024 Application

Business Name and Contact Information

This question is required

Name:
Email:
Address:
Phone Number:
City:
State:
Country:
Zip:
Company Name:
Individual(s) responsible for market-day booth management
other than yourself, if any.
Name:
Email:
Phone Number:
What is your vendor category?
Farmer/Producer
☐ Baker/ Processor
☐ Prepared Foods
☐ Artisan
☐ 3rd Party Vendor

Which dates are you applying to be in the Winter Market?

The Winter Market runs from October - April, on the second Saturday of the month.

This question is required Choose as many as you like: ☐ Saturday October 14, 2023 ☐ Saturday November 11, 2023 Saturday December 9, 2023 ☐ Saturday January 13, 2024 Saturday February 10, 2024 ☐ Saturday March 9, 2024 Saturday April 13, 2024 Do you require electricity? Please let us know if your booth needs electricity. A limited number of outlets are available. The library has free Wi-fi. ☐ Yes ☐ No How many table spaces are you applying for? Tables are \$20 each per date, or \$100 for all seven Winter Market dates. Vendors may purchase two spaces. This question is required \Box 1 □ 2

Product Information:

Provide a description of your farm or production facility and a brief history including the number of years you've been in business, number of employees, your business practices and any other information that you would like to share that will help in our selection process. This information may also be provided to our customers so that they can get to know you better

What makes your product special?

Special aspects of your product(s), i.e. organic, gluten-free, or the story behind your product that makes it unique and that you would like to share with both us and our customers.

List each method as it applies to the product(s) you are selling, i.e. Corn is grown conventionally, greens are grown pesticide-free, homemade, etc.

Methods of Production

List each method as it applies to the product(s) you are selling, i.e. Corn is grown conventionally, greens are grown pesticide-free, homemade, etc.

What products are you selling, and when?

List the products you offer for sale and the month(s) between October - April that the product is available. Advise the Market Manager of any changes in this information for website accuracy, marketing efforts and consumer education.

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This is optional. You may upload/attach images of your goods or products to provide us with material for marketing.

Please share a link to your website or online album

This is optional. You may upload/attach an image of your goods or products to provide us with material for marketing.

What is your Illinois Business Registration ID?

If you do not currently have an Illinois Business Registration ID you can apply for one by filling out the REG-1 form at the link below and mailing it to CENTRAL REGISTRATION DIVISION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19030 SPRINGFIELD IL 62794-9030:

https://tax.illinois.gov/content/dam/soi/en/web/tax/forms/reg/documents/reg-1.pdf

OR you can fill out the form and submit electronically at the link below mytax.illinois.gov

I understand that I will be provided with a Sales Tax form that MUST be submitted to the Illinois Department of Revenue

MUST be submitted to the Illinois Department of Revenue
☐ I agree to the terms and conditions
Is your food product being made in an "at home" kitchen? For food vendors who are preparing food from their homes; a Cottage Food Operations Certificate is required. If you are not a food vendor, please select "No".
□ Yes
□ No

Upload Cottage Food Operator Certificate of Registration

Cottage Food Operator registration is handled by your local health department. You must register in the county in which you reside; however, once registered you may sell in any county in the state. Generally, cottage food registration is handled by Environmental Health professionals within your local health department and they are a vital resource for questions you may have. The application and related paperwork may be located on your local health department's website or by contacting them directly. The cost to register will be no more than \$50; however, there may be associated costs for testing and food safety licensure. Once you are registered, you will receive a certificate of registration and a registration number. The registration number should be incorporated onto your product labels. This number allows health departments to easily track your product in case of a foodborne illness outbreak or other concerns. It is advised to have your certificate or registration readily available to show health inspectors at all times, especially when vending outside of your county so that local inspectors can verify that you have been registered. Additionally, if you plan to sell at events outside of your county where you reside, you are advised to notify the health department in that county as a courtesy. Building positive relationships with local health departments will help create mutual respect that enables health departments to ensure public safety and you to vend with ease.

Kane County Operations Home- Self Certification Check List can be found at the link below: https://www.kanehealth.com/Documents/Food/Cottage%20Food%20Home%20Self-Certification%20Checklist%20FINAL02 16 22.pdf

Kane County Cottage Food Operations Application can be found at the link below: https://www.kanehealth.com/Documents/Food/Cottage%20Food%20Registration%20Form%2 OFINAL%2003 02 22.pdf

Will you be offering samples of your product?

Food vendors who respond "yes" will need to provide a sampling permit. The application for ILLINOIS DEPARTMENT OF PUBLIC HEALTH FARMERS MARKET FOOD PRODUCT SAMPLING HANDLER CERTIFICATE APPLICATION FORM can be found at the link below and submitted electronically.

https://dph.illinois.gov/topics-services/food-safety/farmers-markets.html

You can also find the document at the link below. This application can be filled out and mailed to:

Illinois Department of Public Health Division of Environmental Health Food Program 525 W. Jefferson St., 3rd Floor Springfield, IL 62761

https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/food-safety/farmers-market-sampler-application-packet.pdf

Vendor Agreement and Liability Insurance Coverage

Checking the box below indicates agreement and signature of the vendor agreement and insurance requirements.

- 1. Event: Winter Market: An Indoor Farmer's Market 2023-2024 Season
- 2. Date of Event: <u>6/15/23</u>, <u>7/13/23</u>, <u>8/10/23</u>
- 3. Location of Event: Sugar Grove Library, 125 S. Municipal Drive, Sugar Grove, IL 60554
- 4. Event Sponsor: Sugar Grove Public Library
- 5. Description of Vendor's Participation at the Event: <u>Vendor will set up goods at a provided table in the Sugar Grove Public Library's meeting room areas.</u>
- 6. The Parties (or individually Party):
- a. Sugar Grove Public Library District
- 7. As partial consideration for being allowed to participate at the Event described above, Vendor agrees with the Parties as follows:
- A. Vendor fully and forever releases and discharges the Parties, their Trustees, Officers, Employees, and/or Agents and agrees to indemnify, defend and hold them harmless from any and all claims, causes of action, losses, attorneys' fees, costs, or other damages resulting from, arising out of, or relating in any way to Vendor's participation in the Event.
- B. Insurance
- 1. Without limiting Vendor's indemnification as stated above, Vendor shall provide and maintain at its own expense for the Event the below listed policies of insurance or liability coverage covering Vendor's participation in the Event. All such insurance shall be secured through a carrier(s) satisfactory to the Parties.
- 2. Vendor shall furnish the Parties with certificates of insurance naming the Parties, their elected and appointed officers and officials, employees, agents, and volunteers as additional insureds by original endorsement. The certificates and endorsements for each insurance policy are to be signed by a person authorized by the insurer to find coverage on its behalf. The Parties' insurance or liability coverages shall always be deemed excess over any other insurance or liability coverage whether primary, excess, pro rata, contingent or any other basis.
- 3. The coverages:
- a. Commercial General Liability: \$1,000,000 combined single limit per occurrence or bodily injury, property damage and personal injury with a general aggregate of twice the required occurrence limit;
- b. Business Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage (if the Event involves the Vendor using vehicle during the Event);
- c. Liquor Liability: maintain a minimum of \$1,000,000 per occurrence for its sale of alcoholic beverages and require that any other party selling or serving alcoholic beverages during the Event shall provide Liquor Liability insurance in the same amount with the Parties names as additional insureds by original endorsement signed by a person authorized to bind coverage (if the Event involves the sale or service of liquor);
- d. Workers Compensation with statutory limits and Employers' Liability with limits of:
- \$1,000,000 each accident
- \$1,000,000 disease, per employee

\$1,000,000 disease, per policy limit

- 4. All policies of insurance or liability coverage shall contain a waiver of subrogation as against the Parties, except with respect to the sole negligence of a Party.
- 5. Nothing set forth in this Vendor Agreement shall be deemed a waiver by a Party of any defenses or immunities that are or would be otherwise available to a Party or a Party's elected and appointed officials and officers, employees, agents, and volunteers under the provisions of the Illinois Local Government and Governmental Employees Tort Immunity Act, or that are otherwise available to local governments and their corporate authorities, officers, employees, agents and volunteers under the common law of the State of Illinois or the United States of America. The provisions of this Section shall survive the expiration of this Vendor Agreement.

☐ I agree to the terms and conditions

Upload/Attach copy of Liability Insurance