

St. Charles Farmers Market 2011 Farmers Market Application

Friday's June 3 - October 28, 7 AM - 1 PM

Market Location: 4th Avenue and Main Street [Rte 64]

Baker Memorial United Methodist Church St. Charles, Illinois 60174

Market Manager: Rob Murphy 630 377-4991 robbm592002@yahoo.com

Sponsored by: Baker Memorial United Methodist Church www.bakermemorialchurch.org
Market Mission: to offer for sale quality farm fresh products representing the best of Kane County, Illinois and Midwest agriculture and to also offer quality locally produced and distributed food products, artisan crafts and fine art in a farmers market format.

Vendor Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Name _____ Phone _____
Email address _____ Web site _____

(Farmers) Location of property where crops are grown: _____
List of items to be sold _____

Will you be selling locally distributed or artisanal products? yes no

Brief description of your business that may be used in promotions and advertising:

Fees: Vendor Type: [see rate sheet]
By market manager approval only
Full Season fee \$ _____ Half Season fee \$ _____ Advance weekly \$ _____

We will assign either a 10' wide or 20' stall based upon need. Produce/food growers, we have a limited amount of auto/truck pull in stalls available upon a first paid reserved basis. Please list your stall width preference and interest in reserving an auto/truck pull in stall.

The Farmers Market requires each vendor to carry their own liability business insurance or upon approval, a release of liability. The minimum coverage is Comp Gen Liability: \$500,000, plus Auto Liability: \$500,000. You will need to list: Baker Memorial United Methodist Church, The City of St. Charles and the St. Charles Park District as "named insured" on your insurance certificate.

I hereby submit my application for the 2011 Farmers Market and do agree to abide by the rules set forth by the Market and agree to abide by the decisions set forth by the Market Manager and or the Baker Methodist Church Official acting as a representative of the Market Manager.

Signature _____ date _____

Mail Application, Payment and Insurance Certificate:
Baker Memorial United Methodist Church attn: Rob Murphy, 307 Cedar Avenue
St. Charles, IL 60174 630 584-6680 www.bakermemorialchurch.org