



**UNITY COMMUNITY DEVELOPMENT CORPORATION/nfp  
Unity Route 66 Flea & Farmers Market**

**Flea & Farmers Market Vendor Information**

**Vendor Name:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Website Address:** \_\_\_\_\_

**Indemnification**

In consideration for granting of permission by Unity Community Development Corporation, to the undersigned for the use of the following described property: 1 Doris Avenue (Front) Joliet, IL 60433

For the following purposes only: Sale of produce, arts, crafts, baked goods, vinegars, oils, miscellaneous food items, salsas, and other non-food new or used consumer goods items deemed appropriate for sale at the Flea or Farmers Market. All items for sale are subject to the approval of Unity Community Development Corporation.

On the following dates: Each Saturday and Sunday from July 5, 2014 through December 2014 during the hours of 9:00 a.m. to 4:00 p.m.

**Release of Information**

By participating in the Unity Route 66 Flea & Farmers Market, you also grant permission to Unity Community Development Corporation to use, publish, photograph, video, or film during the Unity Route 66 Flea & Farmers Market Community Fundraiser for the purposes of marketing and promoting the market and release Unity Community Development Corporation/nfp from any and all liability from such use and publication.

Check box below of the product you wish to sell

- Produce     Cooked Food     Non-Food Consumer Goods

**Product(s) to be Sold at Flea or Farmers' Market**

**Please describe in detail the items you wish to sell: (Use additional sheet if needed)**

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

## Grower/Producer/Processor

**Site where food is grown and produced:** \_\_\_\_\_

All vendors must operate in compliance with the Will County Health Department, ([www.willcountyhealth.org](http://www.willcountyhealth.org)) and all applicable Illinois Departments of Public Health, ([www.idph.state.il.us](http://www.idph.state.il.us)), Agriculture, ([www.agr.state.il.us](http://www.agr.state.il.us)) and Revenue ([www.revenue.state.il.us](http://www.revenue.state.il.us)) rules and regulations. Updated technical information bulletins concerning sanitation guidelines for farmers' markets may be found at: [www.agr.state.il.us](http://www.agr.state.il.us).

**Are you authorized to accept the following: Yes or No**

EBT Cards for SNAP:(formerly known as food stamps) \_\_\_\_\_ FMNP for WIC & Seniors: \_\_\_\_\_

### **Certificate of Insurance Liability, Fees, and Payment:**

A Certificate of Insurance Liability naming Unity Community Development Corporation/nfp is required of every Farmers' Market vendor and must be received prior to the opening date of the Farmers' Market.

\_\_\_\_\_ Full Space – 10' x 10' - Farmer Vendor (Non Cooked Produce) \$\$ - Call 815-722-9200

\_\_\_\_\_ Full Space – 10' x 10' - Cooked Food Vendor \$\$ - Call 815-722-9200

\_\_\_\_\_ Additional Full Space – 10' x 10' - Food or Farmer Vendor \$\$ - Call 815-722-9200

\_\_\_\_\_ Additional Half Space – 5' x 5' - Food or Farmer Vendor \$\$ - Call 815-722-9200

\_\_\_\_\_ 8'X 8' - Flea Market Business/Vendor \$\$ - Call 815-722-9200

\_\_\_\_\_ 8'X 8' - Flea Market Nonprofit Vendor \$20 (Must provide Nonprofit Verification)

\_\_\_\_\_ 8'X 8' - Flea Market Resident Vendor \$25

\_\_\_\_\_ Custom Space – Flea or Market Vendor **Size:** \_\_\_\_\_

\_\_\_\_\_ Is electrical connection required? Yes/No

Total Amount Enclosed: \_\_\_\_\_

**\*\*Certificate of Insurance and payment in full is required prior to the opening day of the Market.\*\***

Please include Certificate of Insurance Liability and your check made payable to "Unity Community Development Corporation"

Send payment to:

Unity Community Development Corporation

**PO BOX 1111**

**Joliet, IL 60434**

### **Vendor Agreement**

I have read and understand the vendor application and agree to comply with all policies and procedures.

\_\_\_\_\_  
**Signature of vendor(s) Date** \_\_\_\_\_ **Date** \_\_\_\_\_

Questions? Please call (815)722-9200 or email Mac Willis at [fleamarket@unitycdc.org](mailto:fleamarket@unitycdc.org)