

# Rockford Midtown Market



## VENDOR APPLICATION

**August 1 – October 31 (9:00am-1pm) 14 SATURDAYS IN 2020**

Applicant's Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Business Facebook Page: \_\_\_\_\_

Please list the items that you intend to sell at the Midtown Market below:

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

### CHECK BOXES THAT APPLY

- Rockford Midtown Market Vendor on all 14 Saturdays
- Rockford Midtown Market Vendor for these Saturdays \_\_\_\_\_
- Rockford Midtown Flea-Market Vendor on the third Saturday (3 Saturdays)

**Please find my full deposit attached for the 2020 season: \_\_\_\_\_ \$**

(Checks made out to Rockford Midtown Market)

### Terms and Conditions:

- Vendors will be selected to participate in the Midtown Market based on availability and type of product based on our current market needs.
- All vendors intending to be a part of the Midtown Market must complete this application.
- Mail application and check to Katie's Cup at 502 Seventh Street; Rockford, IL 61104
- Email application to rockfordmidtownmarket@gmail.com
- Vendor applications will not be processed until we receive your payment.
- All products, including any new products, a vendor plans to introduce during the season must be approved by the Midtown Market Team in writing prior to selling.

By signing below, I acknowledge that I have read and agreed to the terms as described above and that this application does not guarantee or reserve space at the Rockford Midtown Market for me or my business; by submitting this application my business will be consider for the 2020 season. I also acknowledge that I have read and will follow the Rockford Midtown Market guidelines should I be allowed to participate. I also acknowledge that I am aware of the County Health Department and Illinois Farmers Market Association guidelines for Covid-19.

Vendor Signature \_\_\_\_\_

Date \_\_\_\_\_

(Revised 7-3-2020) For Office Use Only:			
Date Rcvd: _____	Cash or Check#: _____	Amount Paid: _____	Initial: _____