

ROCKFORD MIDTOWN MARKET VENDOR APPLICATION

June 3–September 30, 2021 (9 am–1 pm) — 18 THURSDAYS IN 2021

Applicant's Name (Please Print Clearly): _____

Business Name: _____

Mailing Address: _____

City: _____ State ____ Zip Code: _____

Business Phone #: _____

Email Address (Please Print Clearly): _____

Website Address (URL) : _____

Facebook Business Page (URL) : _____

Business Instagram: @ _____ Business Twitter: @ _____

I have liability insurance

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

CHECK BOXES THAT APPLY

- Rockford Midtown Market Vendor on all 18 Thursdays
- Rockford Midtown Market Vendor for these Thursdays: _____
- Rockford Midtown Market: "Vintage Market" Vendor on the third Thursday (4 Thursdays)
- Rockford Midtown Market: "Healthy Midtown" Vendor on the first Thursday (4 Thursdays)
- Please find my full deposit attached for the 2021 season** (Checks made out to Rockford Midtown Market)

Terms and Conditions:

- Vendors will be selected to participate in the Rockford Midtown Market based on availability and type of product based on our current market needs.
- All vendors intending to be a part of the Rockford Midtown Market must complete this application. Vendor applications will not be processed until we receive your payment.
- Mail your application and check made out to "Rockford Midtown Market." Mailing address: Rockford Midtown Market, c/o Katie's Cup, 502 Seventh Street; Rockford, IL 61104
- Email application to rockfordmidtownmarket@gmail.com
- All products, including any new products, a vendor plans to introduce during the season must be approved by the Rockford 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 considered for the 2021 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 Winnebago County Health Department and Illinois Farmers Market Association guidelines for COVID-19 and have (or will have before selling at Rockford Midtown Market) any of their necessary licenses and/or permits, and any necessary Liability Insurance.

Vendor Signature: _____

Date: _____

(Revised 2021-04-07) For Office Use Only:			
Date Rcvd: _____	Cash or Check#: _____	Amount Paid: _____	Initial: _____