

# Rockford Midtown Market — VENDOR APPLICATION

June 5 – September 25, 2025 (9 am—1 pm)

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

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

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

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

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

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

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

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

Business Instagram: @\_\_\_\_\_ Business Twitter: @\_\_\_\_\_

I have liability insurance

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

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

## CHECK BOXES THAT APPLY

- Rockford Midtown Market Vendor on all 17 Thursdays \_\_\_\_\_  
 Rockford Midtown Market Vendor for these Thursdays \_\_\_\_\_

**Please find my full deposit attached for the 2025 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](mailto:rockfordmidtownmarket@gmail.com)
- Call the Rockford Midtown Market at 779-220-0240 for more information or questions.
- 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 considered for the 2025 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 any health concerns any of their necessary licenses and/or permits, and any necessary Liability Insurance.

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

Date: \_\_\_\_\_

(Revised 4-9-2025) For Office Use Only:			
Date Rcvd: _____	Cash or Check#: _____	Amount Paid: _____	Initial: _____