

Vendor Application



Applications received after the deadline will be considered on a first come first served basis.

FRANKFORT COUNTRY MARKET Rain or Shine, Open Air Market in Downtown Frankfort
Sundays: 10am to 2pm Location: Corner of Oak & Kansas Street, Frankfort, Illinois

SPRING market runs 6 weeks from April 26 through May 31

SUMMER market runs 18 weeks from June 7 through October 11

DATE _____ ILLINOIS STATE SALES TAX NO. _____

If license has not been issued, supply date of application _____ (optional)

CONTACT NAME _____ BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (DAY) _____ (EVENING) _____ (CELL) _____

EMAIL: _____

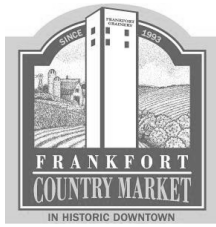
Location of land used for production (if applicable):

SEC. _____ TOWNSHIP _____ COUNTY _____ STATE _____

If renting, give name, address & phone number of land owner(s): _____

LIST ALL ITEMS THAT YOU INTEND TO SELL DURING THE SEASON:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



FRANKFORT COUNTRY MARKET Indemnification and Hold-Harmless/Insurance Certification

The undersigned, for himself and, if different, for the person or organization on whose behalf this application is submitted, hereby covenants to indemnify the Village of Frankfort and its residents, volunteers and employees, and assigns; the Frankfort Country Market Association and its members and to hold them harmless from any liability for any personal injury or property damage arising in connection with any occurrence arising out of the use of the premises pursuant to this application, and any liability for any contractual or quasi-contractual obligations to third parties in connection with the activity, event, use or occurrence.

Applicant certifies, under penalties of perjury, that all of the information set forth in this application for permit is true and complete to the best of his/her belief. Applicant further agrees to perform all obligations, which may be annexed hereto.

I certify that I have read the terms and conditions governing the Frankfort Country Market as herein stated and agree to abide by them.

PRINTED NAME

SIGNATURE

DATE

Liability Insurance Certification

I hereby acknowledge the fact that I/we have the proper liability insurance coverage necessary to cover me/us at the Frankfort Country Market. I provide the following insurance information and will provide a copy along with this application.

Insurer: _____

Agent: _____ phone: _____

Address: _____

Amount of liability coverage: _____

I hereby certify the above to be true and that the policy is in good standing.

signature: _____ date: _____

Please complete the entire application.

