



FARMER'S MARKET & FOOD TRUCK FRIDAYS WINTER APPLICATION

Business Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Website/Facebook Page: _____

List all products you will be selling at the market: _____

Vendor Rate: \$5 Per Day or \$25 for the Season

Cash, debit/credit card or checks accepted. Must be paid at the start of market.

Please make checks payable to: The HUB Recreation Center

I affirm I have a current applicable certifications/licensing set forth by State and Local Health Department requirements.

Yes No Not Applicable (circle one)

If yes, certificate number: _____

Vendors must provide proof of liability insurance prior to vending at the market in the form of a "Certificate of Insurance" and listing the following as additional insured: The HUB Recreation Center, 917 W. Main St., Marion, IL, 62959.

Signature

Date: _____

Please attach a copy of all certifications you hold with this application