

2009 APPLICATION *for the* DOWNTOWN DANVILLE FARMERS' MARKET

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

E-MAIL: _____

This year's fee is \$5.00 A DAY PER SPACE.

WHAT DAY/DATE WILL YOU BEGIN ATTENDING: _____

WHAT DAY(S) OF THE WEEK DO YOU PLAN TO ATTEND:

WEDNESDAY: _____ SATURDAY: _____ BOTH: _____

TYPES OF PRODUCE (Please list all types you intend to sell): _____

HANDCRAFTED ITEMS: _____

OTHER: _____

I HAVE READ THE GUIDELINES SET FOR THE FARMERS' MARKET BY THE FARMERS' MARKET COMMITTEE AND AGREE TO SELL THE ITEMS AS DESCRIBED ABOVE. FURTHER, I ACKNOWLEDGE FULL RESPONSIBILITY FOR MY ACTIONS AS A PARTICIPANT THROUGHOUT THE MARKET SEASON. I UNDERSTAND THAT I AM RESPONSIBLE TO THE STATE OF ILLINOIS FOR ALL SALES TAX. I UNDERSTAND THAT MY FAILURE TO FOLLOW THE GUIDELINES MAY RESULT IN THE TERMINATION OF MY PARTICIPATION IN DOWNTOWN DANVILLE'S FARMERS' MARKET.

DATE: _____ SIGNATURE: _____