



**KNOW YOUR FOOD... KNOW YOUR FARMER**

## **2010 APPLICATION**

---

**WHAT IS GREEN CITY MARKET?** Green City Market, a 501(c)(3) not for profit organization, provides a bustling marketplace for local farmers who take care of the land by raising their products in agriculturally sustainable ways. A number of our farmers are also certified organic. By 2012, all of our farmers will have some type of 3<sup>rd</sup> party certification of their growing practices. This will clearly reflect their commitment to sustainable agriculture practices.

**The Market is driven by a serious mission:**

To improve the availability of a diverse range of high quality foods; to connect local producers and farmers to chefs, restaurateurs, food organizations and the public; and to support small family farms and promote a healthier society through education and appreciation for local, fresh, sustainably-raised produce and products.

The Market not only supports small family farms but makes every effort to showcase these farmers and educate shoppers in weekly chef demos and sustainable discussions, and kids in our “Sprouts” program.

The Market’s mission, these educational initiatives and the enclosed vendor’s application process set this independent market apart from other farmers’ markets. Our objective is to establish a self-sustaining market for foods that are locally grown using sustainable agriculture practices.

---

***Application Committee:***

Dave Cleverdon, Tracey Vowell, Leslie Cooperband, Chris Djuric, Sheri Doyel, Bruce Sherman, Sarah Stegner, Sheri Doyel, Mark Psilos, David Rand

***Market Founder:*** Abby Mandel

***Executive Director:*** Lyle Allen

***Contact Information:*** Mark Psilos - Market Manager

2732 N. Clark Street, Suite 302, Chicago, IL 60614

(773) 880-1266 Fax: (773) 880-1262 [mark@chicagogreencitymarket.org](mailto:mark@chicagogreencitymarket.org)

## APPLICATION INSTRUCTIONS

Please answer all applicable questions as completely as possible, attaching additional sheets of paper as necessary. You must submit a complete application *and all supporting documents* **by February 25, 2010**. All applications submitted after that date, including any incomplete applications, will be subject to a late fee of \$100.00. No application will be accepted after February 27, 2010. The market reserves the right to accept and source farmers whose product will be beneficial to the overall mix of offerings at the market any time throughout the year.

### Market Season

Green City Market's outdoor season will be held every Wednesday and Saturday from May 12th to October 30th in the park just north of the parking lot of the Chicago History Museum @ the corner of Clark, LaSalle and Cannon Drive. Market hours are 7:00 AM to 1:00 PM. All vendors must comply with Market hours and be set up, ready to sell by 7:00AM. Vendors coming late to the market will be subject to fines and market suspension (please see Rules and Regulations).

Green City Market's indoor season is from November through April at the Peggy Notebaert Nature Museum just north of Fullerton Avenue in Lincoln Park. If you are interested in selling at these winter markets, please make a note of it on page 3.

### Fees

All Vendors:

- Application fee: \$25.00 (non-refundable – If accepted to join the Market, the \$25 application fee will be deducted from the market fees listed below)
- If you intend to use more than one 20'x20' space at any time during the market season, the fees must be paid prior to the start of the market
- If you are a farmer/producer who also sells prepared/processed food, than you pay the farmer/producer fees
- Market fees can be paid in two installments: 50 percent due prior to Market opening, the balance due on July 1, 2010. Please make checks payable to Green City Market.

### For Farmer/Producers with 3<sup>rd</sup> Party Certification:

One Market day (Wednesday or Saturday) per week fee is \$425.00 for the season per each 20'x20' space.

Two Market days (Wednesday and Saturday) per week fee is \$850.00 for the season per each 20'x20' space.

### For Farmer/Producers without 3<sup>rd</sup> party certification:

One Market day (Wednesday or Saturday) per week fee is \$510.00 for the season per each 20'x20' space.

Two Market days (Wednesday and Saturday) per week fee is \$1020.00 for the season per each 20'x20' space.

### For Prepared/Processed food vendors:

One Market day (Wednesday or Saturday) per week fee is \$750.00 for the season per each 20'x20' space.

Two Market days (Wednesday and Saturday) per week fee is \$1500.00 for the season per each 20'x20' space.

**I. CONTACT INFORMATION**

(Please type or print all information; failure to print legibly will result in application being rejected)

Vendor's Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

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

Township: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

I am a(n):  Individual  Family  LLC  Partnership  Corporation  Other

Is this your first time applying to Green City Market (GCM)?  Yes  N

If no, how many years have you sold at GCM? \_\_\_\_\_

Other Farmers' Markets where you sell \_\_\_\_\_

I am interest in selling at:

Outdoor season markets only (May-Oct)  Indoor season only (Nov – April)

Both Outdoor and Indoor (a sign up sheet will be circulated in late summer).

Please note that Illinois requires that sales tax be collected on the sale of food. Therefore, you must have an Illinois Sales Tax License before applying to this market and must include the License # below and attach a copy of the license to this application. Vendors who participated in Green City Market last season (2009) must show proof of sales tax payment with this application.

Illinois Sales Tax License # \_\_\_\_\_ (attach copy of license)

**ATTACH COPY OF 2009 SALES TAX PAID TO THE STATE OF ILLINOIS (annual or monthly statement)**

## II. VENDOR TYPE

Check each category in which you plan to bring product to market:

Fruits       Dairy       Eggs  
 Vegetables  
 Meat       Fish       Poultry,  
 Flowers  
 Other, please specify \_\_\_\_\_

## III. MARKET DAYS: please indicate which markets you'd like to attend

Wednesdays only       Saturdays only       Wednesdays and Saturdays

## IV. GENERAL INFORMATION

1. Do you possess any 3<sup>rd</sup> party certification for your production practices?  
(i.e. certified organic, naturally grown, Food Alliance, certified humane, etc.)

Yes  No

If yes, list type of certification, certifying agency, and date of last inspection. (Please attach a copy of your certification letter) \_\_\_\_\_

**IMPORTANT: If no, please provide an "action plan" describing your efforts and goals regarding 3<sup>rd</sup> party certification. Read "Addendum B" in the 2010 Rules and Regulations for details. Your action plan should be on a separate sheet and include which certification(s) you are considering, name of consultant or inspector, and a timeline/farm plan for obtaining certification.**

3. Do you possess any certifications regarding food processing or food handling practices?

If yes, please list \_\_\_\_\_

4. Do you grow and/or raise all products or ingredients that you plan to sell at the Green City Market?

Yes  No

If No, Explain what, why, and how

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

5. Do you need access to electricity?  Yes  No If so, how many amps? \_\_\_\_\_

6. How many 20'x20' spaces do you need?  1  2  3  4  more, please specify

7. Would you consider your business a small farm/operation? \_\_\_ Yes \_\_\_ No Please explain both yes and no responses.

---

---

---

---

8. SUSTAINABILITY STATEMENT: Describe how your farming practices and/or production methods produce a high quality product and show care and respect for the environment, your farm or business, and your community. The market will copy this page, laminate it, and require every vendor to post it prominently at their market stand. It will also be available to the public and the media. Please type your statement below or attach a separate sheet.

**V. Farm/Orchard Site Location Information**

Please list all sites including a map for each (show farm boundaries, growing areas, crop locations, and storage sheds, packing/processing facility locations). If items are wild gathered, identify the location(s) and attach a permission from the property owner where gathered. If the land is rented, shared, or leased please include contact information for the owner and a copy of the land agreement. If property is owned by you, please attach a copy of your latest property tax bill.

Land Description & Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in production: \_\_\_\_\_

Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq ft): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description & Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in production: \_\_\_\_\_

Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq ft): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description & Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in production: \_\_\_\_\_

Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq ft): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description & Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Total Acreage in production: \_\_\_\_\_

Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq ft): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. PRODUCTION PRACTICES** (please type or print all information very clearly; inability to read your text will result in rejection of your application)

**1. Farmers (raw vegetables and fruits, foraged goods, flowers and plants, etc.)**

a. Integrated Pest Management (IPM) Practices

Do you use IPM practices?  Yes  No

Describe your IPM methods, including detection strategies as well as types of traps used, record keeping, and tissue sampling if applicable.

---

---

---

---

What IPM courses or training have you taken? Please note when and where.

---

---

---

---

What IPM certification do you have? Please note the certifier and date.

---

---

Do you use an IPM scout or consultant? Please describe that relationship along with their name and contact information.

---

---

---

b. Insect and Disease Control

What insects and diseases are your major problems? \_\_\_\_\_

---

---

Check which preventative measures you use to cut down on insects and disease:

purchase pest and disease resistant varieties

field scouting is practiced

crop rotation is practiced If yes, please give an example \_\_\_\_\_

---

---

soil or plant tissue sampling to determine deficiencies

biological pest controls. If yes, please give an example \_\_\_\_\_

---

---

Are you licensed to apply "restricted use" chemicals?  Yes  No

If yes, through what agency or institution \_\_\_\_\_

Do you use any purchased products/inputs to control insects and disease?  Yes  No

Please list. Give the common name or the active ingredient for each input you use:

_____	_____
_____	_____
_____	_____
_____	_____

Describe your insect and disease control practices:

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

**b. Weed Control**

What weeds are your major problems?

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

Do you use any purchased products or inputs to control weeds?  Yes  No

Please list. Give the common name or the active ingredient for each input you use:

_____	_____
_____	_____
_____	_____
_____	_____

Describe your weed control practices:

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



What percentage of your herbicide application would you say are by spot application \_\_\_\_\_% and by boom or "constant spray" application (if using a backpack) \_\_\_\_\_%.

d. Soil Fertility

What are your major fertility problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use any purchased products or inputs for fertility purposes? \_\_ Yes \_\_ No

Please list. Give the common name or the active ingredient for each input you use:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have an "active" composting system (i.e. one that is added to frequently, aerated or turned, and used for on-farm fertility) \_\_ Yes \_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle **all** of the methods below that you use to increase soil fertility on your farm:

compost      synthetic fertilizers      organic sprays/powders  
animal manure      cover crops      crop rotations      mulching      soil testing

other methods used to build and maintain fertility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Producers (meat, fish, poultry, eggs, dairy)**

NOTE: If you plan to sell eggs, you must include a copy of your Illinois Egg License.

a. Nutrition

Do you use any feed additives or injectables to supplement the animals' normal diet?

\_\_ Yes \_\_ No What do you use? \_\_\_\_\_

Describe your nutrition program/practices:  
\_\_\_\_\_  
\_\_\_\_\_

more room to write on next page

b. Health

Do you use any hormones, antibiotics or growth promoters of any kind to maintain the animals' health? \_\_ Yes \_\_ No

What do you use? \_\_\_\_\_

Describe your health maintenance practices and how you fight sickness, disease:

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

c. Surroundings

\_\_ Feed lot      \_\_ Pasture      \_\_ Combination      \_\_ Confinement

What type of confinement or range do the animals have to feed and move around? Explain:

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

d. Describe the type of forages you feed your livestock: \_\_\_\_\_

\_\_\_\_\_

How do you manage invasive weeds and nutrient content in the pasture? Please be specific and list mechanical controls, fertilizers or herbicides used, and seeding practices:

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

e. Licensed Processing Locations: Are these USDA licensed? \_\_\_\_\_

f. Licensed Processing Locations: Are these FDA licensed? \_\_\_\_\_

g. Licensed Processing Locations: Are these State Health Department licensed? \_\_\_\_\_

	Product	Processor's Name & Location	Licensed by	License #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

3. \_\_\_\_\_

**3. Processors** (includes bakery goods, cheese and other dairy products, honey, jam and jellies, ciders, juice, maple syrup, candy, granola, sandwiches; all meat, fish and poultry items-- frozen, cured, smoked, etc.; non-food items)

New this year: All prepared and processed goods must have all ingredients *and the sources for those ingredients* posted/displayed at their space. Common ingredients like flour and butter may be posted on a general board, and product specific ingredients (fruit, herbs, etc.) may be on or near those products. Vendors should devise their own system. All ingredients, however, and their sources (where they are grown/produced) must be clearly posted.

- a. List all prepared food or other products you hope to sell at the market. **In this application, each must be accompanied by its own Ingredients List and source sheet (attached)** – please make additional copies as necessary. **Be sure to note what percentage of each ingredient is in the final product and highlight any local or Midwest grown ingredients used in your products.** Please see Market Rules and Regulations for more details regarding value added products and acceptable ingredients. If you have seasonal items, please include the dates the items will be offered. Products not approved for immediate sale will be waitlisted and you will be contacted if or when the product is approved. A sample of all product labels must be submitted with application. Non-food items must be a byproduct of a principal food crop.

Products that you plan to sell at GCM (be specific, please):

Name	Dates Available
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Please add items as necessary on the reverse. Again, EACH item must be accompanied by

an ingredient list (see attached).

b. List the major ingredients that you produce that go into your products.

---

---

---

If there are none, please explain:

---

---

---

c. Are you personally involved in the physical production of your product(s)?  Yes  No  
Please describe how you make your products.

---

---

---

d. If you use a co-packer or co-producer, please explain what involvement you have in the development and production of your product.

---

---

---

e. If you are required to have a health department license or safe food handling certificate, please attach a copy to your application.

f. Licensed Food Processing Locations (Where products are fabricated):

Product	Processor's Name & Location	Licensed by	License #
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

g. What makes your products a good fit for the Green City Market?

---

---

---

h. The State of Illinois prohibits the sale of fresh meat and poultry. These products must be frozen. If you intend to sell meat and/or poultry, they must be kept at a temperature below 0 degrees Fahrenheit. The vendor is responsible for monitoring and maintaining proper temperatures in accordance with health codes. Vendors who sell products that must be kept refrigerated or frozen must have an accurate thermometer on-site. In addition to frozen meat and poultry; eggs, dairy, and cheese must be held at 45 degrees Fahrenheit.  
Initial here if you will sell these products and understand these regulations \_\_\_\_\_.

i. How do you keep potentially hazardous foods at correct Health Department temperatures during transportation and at market? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. If you are selling your product as organic either through labeling or implying it is organic through your company name or advertising, the raw ingredients and their final percentage in the finished product must be organically certified and meet USDA organic labeling standards. Additionally, the facility that you produce or process your product in must be licensed for organic processing. Please attach all necessary documentation to support this with the application.

**V. INSURANCE INFORMATION**

All applicants must carry commercial liability insurance (\$1 million) and name Green City Market as an additional insured for protection against damages in the event an injury occurs at the Market or an injury is caused by the product(s) they sell at the Market.

Insurance Co: \_\_\_\_\_

Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_ Per Occurrence: \_\_\_\_\_

Aggregate: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Business Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**A COPY OF YOUR INSURANCE POLICY CERTIFICATES MUST BE ON FILE WITH OUR OFFICE BEFORE YOUR APPLICATION WILL BE CONSIDERED COMPLETE.**

### 2010 GROWING CALENDAR

Please mark all crops you would like to sell and when the product will be available (estimate). If you are a fruit grower, please list by name all tree fruit varieties on a separate page.

<b>EXAMPLE</b>	# varieties	Acreage, Rows, Beds	Hoop/Field	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Asparagus	1	8 rows	Field	X	X						

<b>Vegetable Crops</b>	# varieties	Acreage, Rows, Beds	Hoop/Field	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Asparagus											
Beans											
Beets											
Broccoli											
Brussel Sprouts											
Cabbage											
Carrots											
Cauliflower											
Corn											
Cucumbers											
Eggplant											
Garlic											
Greens, Asian											
Greens, Specialty											
Herbs											
Kale/Mustard											
Kohlrabi											
Leeks											
Lettuces											
Lettuce, salad mix											
Okra											
Onions											
Peas											
Peppers, sweet											
Peppers, hot											
Potatoes											
Pumpkin											
Radish											
Radish, daikon											
Rhubarb											
Rutabaga											
Salad Greens											
Specialty Greens											
Spinach											
Sprouts											
Squash, summer											
Squash, winter											

Swiss Chard											
Tomatoes											
Tomatoes, cherry											
Tomatoes, grape											
Tomatoes, heirloom											
Tomatoes, hot house											
Tomatoes, hydroponic											
Turnip											
Other:											
Other:											
Other:											
Other:											
Other:											
<b>Fruit Crops</b>	<b># varieties</b>	<b>Acreage, Rows, Beds</b>	<b>Trees/ Bushes</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Sept.</b>	<b>Oct.</b>	<b>Nov.</b>	<b>Dec.</b>
Apples											
Apricots											
Blueberries											
Blackberries											
Raspberries											
Strawberries											
Gooseberries											
Other Berries											
Cherries											
Currants											
Grapes, Green											
Cantaloupe											
Watermelon											
Nectarine											
Peaches											
Pears											
Asian Pears											
Paw-Paw											
Persimmon											
Plums											
Other:											
Other:											
Other:											
Other:											
Other:											
<b>Other Crops</b>	<b># varieties</b>	<b>Acreage, Rows, Beds</b>	<b>Trees/ Bushes</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Sept.</b>	<b>Oct.</b>	<b>Nov.</b>	<b>Dec.</b>
Mushrooms											
Nut, Chestnut											
Nut, Hickory											
Nut, Black Walnut											

### Floral Growing Calendar

Please mark all flowers or plants you would like to sell and when the product will be available (estimate). Please indicate if these items are grown from seed, bulb, plug or cutting and, when applicable, if it's sold in a pot or flat.

<b>EXAMPLE</b>	Starts as	Row etc.	Hoop Greenhouse	Field	May	June	July	August	Sept	Oct	Nov
Aster	seed	4		X			X	X	X	X	

<b>Cut Flowers</b>	Starts as	Row, etc.	Hoop Greenhouse	Field	May	June	July	August	Sept	Oct	Nov
Aster											
Bells of Ireland											
Calendula											
Campanula											
Celosia											
Cosmos											
Godetia											
Gladiolas											
Larkspur											
Daisy											
Salvia											
Snapdragon											
Statice											
Tuberose											
Lily											
Bachelor Button											
Delphinium											
Dianthus											
Eucalyptus											
Globe Amaranth											
Sunflower											
Lisianthus											
Hydrangea											
Iris											
Peony											
Tulip											
Mixed Bouquet											
Zinnia											
Other											
Other											
Other											
Other											





## INGREDIENTS LIST (Each product must have a separate ingredient list) PREPARED & PROCESSED FOOD PRODUCTS

Bakery goods, cheese, dairy products, honey, jams, cider, juice, maple syrup, meat, fish, poultry (frozen, cured, smoked), pasta, cased sausage, etc. Please make sure your products reflect the Market's mission to support local agriculture. If items have **key** ingredients that do not reflect local/regional agriculture (i.e. avocado, citrus, tropical fruits/seeds/nuts, chocolate, items originating in Europe, Asia, etc.) you will be asked to amend these recipes prior to approval.

VENDOR NAME: \_\_\_\_\_

PRODUCT # \_\_\_\_\_ PRODUCT \_\_\_\_\_

INGREDIENTS	% of recipe	SOURCE	ORGANIC (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What license(s) are necessary to produce this product (attach copy) \_\_\_\_\_

**INGREDIENTS LIST (Each product must have a separate ingredient list)  
PREPARED & PROCESSED FOOD PRODUCTS**

Bakery goods, cheese, dairy products, honey, jams, cider, juice, maple syrup, meat, fish, poultry (frozen, cured, smoked), pasta, cased sausage, etc. Please make sure your products reflect the Market's mission to support local agriculture. If items have key ingredients that do not reflect local/regional agriculture (i.e. avocado, citrus, tropical fruits/seeds/nuts, chocolate, items originating in Europe, Asia, etc.) you will be asked to amend these recipes prior to approval.

VENDOR NAME: \_\_\_\_\_

PRODUCT # \_\_\_\_\_ PRODUCT \_\_\_\_\_

INGREDIENTS	% of recipe	SOURCE	ORGANIC (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What license(s) are necessary to produce this product (attach copy) \_\_\_\_\_

## INGREDIENTS LIST (Each product must have a separate ingredient list) NON-FOOD PRODUCTS

Non-food items are only allowed at market when they are a bi-product of the primary agricultural product or practice. Please read the Green City Market Food Policy carefully (in the Rules and Regulations). These products may include items like soap or wool IF they are an integral part of food production practices.

VENDOR NAME: \_\_\_\_\_

PRODUCT # \_\_\_\_\_ PRODUCT \_\_\_\_\_

INGREDIENTS	% of recipe	SOURCE	ORGANIC (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What license(s) are necessary to produce this product (attach copy) \_\_\_\_\_

## INGREDIENTS LIST (Each product must have a separate ingredient list)

### NON-FOOD PRODUCTS

Non-food items are only allowed at market when they are a bi-product of the primary agricultural product or practice. Please read the Green City Market Food Policy carefully (in the Rules and Regulations). These products may include items like soap or wool IF they are an integral part of food production practices

VENDOR NAME: \_\_\_\_\_

PRODUCT # \_\_\_\_\_ PRODUCT \_\_\_\_\_

INGREDIENTS	% of recipe	SOURCE	ORGANIC (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What license(s) are necessary to produce this product (attach copy) \_\_\_\_\_

# AFFIDAVIT

I have read the Statement of Purpose and the Instructions as described for Green City Market and if accepted into this Market, I hereby agree to abide by all Rules and Regulations adopted by Green City Market (attached). Further, I agree to sell at the GCM only such items as those listed on the attached "Products to be Sold" page. I also acknowledge those products must be of my own production or produced at the location described on my application. I acknowledge full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's market (May 15 - October 30, 2010). I acknowledge the authority of the Market Manager and the GCM Administrator to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations, and impose any penalties, including possible suspension or removal from the Market, subject to appeal under the procedures set forth in the Market rules. I agree to allow the Market Manager and/or representatives of the Market at any time to inspect the premises where the products offered for sale are produced. Failure to allow an inspection will constitute a violation of Market rules. I understand that the GCM does not carry any insurance policies to cover individual participants and that I am required to carry such insurance.

I certify that the information contained in this application is true and accurate.

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

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

Please send completed application, supporting documents and check (made payable to Green City Market) to:

**Green City Market**

2732 N. Clark Street, Suite 302, Chicago, IL 60614

(773) 880-1266 Office (773) 880-1262 Fax

Email: [admin@chicagogreencitymarket.org](mailto:admin@chicagogreencitymarket.org)

Website: [www.chicagogreencitymarket.org](http://www.chicagogreencitymarket.org)

# APPLICATION CHECK LIST

## YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL OF THE FOLLOWING ITEMS ARE RECEIVED

- Application, fully completed
- \$25 Fee (also \$100 late fee if after February 20, 2010). Please make checks payable to Green City Market.
- Copy of latest Property Tax Bill or lease documentation
- Farm Map (showing farm boundaries, growing areas, crop locations, storage sheds, packing/processing facilities)
- Copy of Illinois Business License ([www.revenue.state.il.us/Businesses/register.htm](http://www.revenue.state.il.us/Businesses/register.htm), 1 800 732-8866)
- Copy of 2009 Illinois Sales Tax Filing
- Proof of Commercial Liability Insurance
- Signed Affidavit

### **If Applicable:**

- Copy of 3rd Party Certification (i.e. organic certification, Food Alliance, naturally grown, etc. etc.)
- 3<sup>rd</sup> Party Certification Action Plan (if not already certified)
- 2010 Growing Calendar (p. 14-17 of application)
- Ingredients List (p. 18 of application)
- Food Handling Certificate
- Health Department Permit and/or Certifications
- Copies of Applicable Licenses: Processed and/or Prepared Food Products
- Additional Sheets and pages



# SPECIAL EVENT TEMPORARY FOOD VENDOR LICENSE APPLICATION

SPECIAL EVENTS MENU APPROVAL REQUEST *continued from page 10*

7. List any equipment that may be used at the event in the preparation of food or beverages (i.e. mixers, blenders, etc.) Include drawings & specifications.

Food Item 1	
Food Item 2	
Food Item 3	
Food Item 4	

8. Describe the method of cooking at the event: Raw animal products must be cooked to the following internal temperature for at least 15 seconds: Poultry and stuffed food - 165° F, Pork; ground, diced or shredded meats and fish; eggs cooked in advanced - 155° F, whole cut meats and fish, eggs 145° F..

Food Item 1	
Food Item 2	
Food Item 3	
Food Item 4	

9. List the name and address of the licensed kitchen or food establishment to be used for the initial food preparation and storage of equipment. Where food is to be actually prepared and equipment is sanitized and stored. Food or equipment may not be stored in the home (Attach signed affidavit)

\_\_\_\_\_

10. Describe the method of transporting food to the event site (i.e. refrigerated cold storage containers, refrigerated vehicle capable of maintaining temperatures of 40° F or below, hot foods, 140° F or above)

\_\_\_\_\_

11. Describe the method of storage at the event site (i.e. refrigerated cold storage containers, refrigerated truck capable of maintaining temperatures of 40° or below). Hot foods must be maintained at a temperature of 140° or above.

\_\_\_\_\_

12. Indicate the location of restroom facilities within proximity to the food vending booth on the attached site plan.

\_\_\_\_\_

13. Describe the hand washing facilities at the food vending booth. Portable hand sinks are required. A permit will not be issued without hand washing facilities.

\_\_\_\_\_

**All vendors must have a passing inspection dated not more than six months before the event. Non-Chicago establishments must submit their latest sanitation report from their local Health Department jurisdiction dated no more than six months before the event. A copy of the following must be attached to each application: Site Plan, Summer Festival Food Vendor sanitation certificate(s) and a copy of your current health inspection must be attached to each application.**

\_\_\_\_\_  
Signature of Food Vendor

\_\_\_\_\_  
Date