

# FARMERS MARKET: ONE DAY SALES APPLICATION TO SELL AND CONTACT INFORMATION.

Office Use Only:
___ Application
___ Certificate of Insurance
___ Agreement and Indemnification
___ Payment in Full

Date \_\_\_\_\_ Illinois Sales Tax License No. \_\_\_\_\_  
 [If license has not been received, give date of application for license:]

Business name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

List products to be sold:

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

Check date requested:

(Dates are reserved on a first come, first served basis – please check your first and second choice)

June	1st _____	8th _____	15th _____	22nd _____	29th _____
July	6th _____	13th _____	20th _____	27th _____	
August	3rd _____	11th _____	17th _____	24th _____	31st _____
September	7th _____	14th _____	21st _____	28th _____	
October	5th _____	12th _____			

## Payment

Check # \_\_\_\_\_ made payable to Arlington Heights Historical Society or

Credit Card:

MC  VISA  Discover Credit Card # \_\_\_\_\_

Exp date \_\_\_\_\_ 3 digit V-code \_\_\_\_\_

## AFFIDAVIT

I, \_\_\_\_\_, hereby agree to sell or offer for sale on the Arlington Heights Farmer's Market, only such items as listed above, as are my own production. Further, I acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold the Village of Arlington Heights, The Arlington Heights Historical Society, and the Arlington Heights Park District harmless and to indemnify the Village of Arlington Heights, The Arlington Heights Historical Society, and the Arlington Heights Park District from any and all claims arising under this permit.

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

Date \_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_