

MARKET PARTICIPATION FEE

Prepared Food & Producer:

SPRING MARKET runs 6 weeks from April 25 through May 30.

- Yes, I would like to participate in the **SPRING** market at \$125.00 for a single space (the size of a 10x10 space) \$125.00
- Yes, I would like **additional space** at \$75.00 for each additional 10x10 space requested _____ # Spaces @\$75 each = \$ _____
- Yes, I **require electricity** for the SPRING market.
Please indicate for what purpose (i.e. refrigerator, freezer, etc.) _____ no charge

TOTAL **SPRING FEE** = \$ _____

SUMMER MARKET runs 18 weeks from June 6 through October 10

- Yes, I would like to participate in the **SUMMER** market at \$300.00 for a single space (the size of a 10x10 space)..... \$300.00
- Yes, I would like **additional space** at \$75.00 for each additional 10x10 space requested _____ # Spaces @\$75 each = \$ _____
- Yes, I require electricity for the SUMMER market.
Please indicate for what purpose (i.e. refrigerator, freezer, etc.) _____ no charge

TOTAL **SUMMER FEE** = \$ _____

TOTAL 2010 FEE = \$ _____

Vendor/Value Added:

SPRING MARKET runs 6 weeks from April 25 through May 30.

- Yes, I would like to participate in the **SPRING** market at \$200.00 for a single space (the size of a 10x10 space) \$200.00
- Yes, I would like **additional space** at \$75.00 for each additional 10x10 space requested _____ # Spaces @\$75 each = \$ _____
- Yes, I **require electricity** for the SPRING market.
Please indicate for what purpose (i.e. refrigerator, freezer, etc.) _____ no charge

TOTAL **SPRING FEE** = \$ _____

SUMMER MARKET runs 18 weeks from June 6 through October 10

- Yes, I would like to participate in the **SUMMER** market at \$550.00 for a single space (the size of a 10x10 space)..... \$550.00
- Yes, I would like **additional space** at \$75.00 for each additional 10x10 space requested _____ # Spaces @\$75 each = \$ _____
- Yes, I require electricity for the SUMMER market.
Please indicate for what purpose (i.e. refrigerator, freezer, etc.) _____ no charge

TOTAL **SUMMER FEE** = \$ _____

TOTAL 2010 FEE = \$ _____

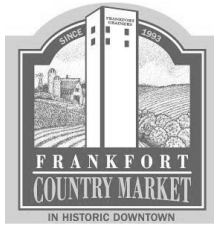
Signature _____ Check No. _____ **AMOUNT** \$ _____

(Participation fee is due on or before your 1st market day. Payments may be made in 2 installments with an added \$25 service fee. Please do not send check or payment until notified that your application has been accepted.)

Upon approval, make check payable to: **FRANKFORT COUNTRY MARKET**

MAIL check, application and indemnification to: Market Manager
410 Dogwood St.
Park Forest, IL 60466

For questions or comments, contact: Merrill Marxman
Phone: 815-954-9788
merrill@marxman.com



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.

