



DATE SELECTION FORM

Welcome to the new Ravenswood Farmers Market! Please fill out the information below and return it with your application. **There is no booth fee for the 2017 season.** Notice of cancellation for any dates must be made 24 hours in advance, otherwise a Cancellation Fee of \$15 will be assessed. Vendors cannot participate in another market date until any fees due have been paid in full. Part of ensuring that our market will continue to grow is maintaining consistent vendor participation. We also ask that vendors stay until the market officially closes at 8 pm.

NAME OF BUSINESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

BOOTH SIZE (CHECK ONE):

10X10 10X20

MARKET HOURS: Wednesday, 4 – 8 PM

LOAD IN TIME: 1 hour prior to the market start time.

LOAD OUT TIME: End of market.

CHECK PARTICIPATION DATES REQUESTED:

- | | |
|---------------------------------|------------------------------------|
| <input type="radio"/> JUNE 7 | <input type="radio"/> AUGUST 23 |
| <input type="radio"/> JUNE 14 | <input type="radio"/> AUGUST 30 |
| <input type="radio"/> JUNE 21 | <input type="radio"/> SEPTEMBER 6 |
| <input type="radio"/> JUNE 28 | <input type="radio"/> SEPTEMBER 13 |
| <input type="radio"/> JULY 5 | <input type="radio"/> SEPTEMBER 20 |
| <input type="radio"/> JULY 12 | <input type="radio"/> SEPTEMBER 27 |
| <input type="radio"/> JULY 26 | <input type="radio"/> OCTOBER 4 |
| <input type="radio"/> AUGUST 2 | <input type="radio"/> OCTOBER 11 |
| <input type="radio"/> AUGUST 9 | <input type="radio"/> OCTOBER 18 |
| <input type="radio"/> AUGUST 16 | <input type="radio"/> OCTOBER 25 |

SIGNED _____

DATE _____

RAVENSWOOD FARMERS MARKET

2017 Vendor Application Checklist

Your application WILL NOT be processed until the following items are received:

ALL VENDORS:

- Section I. Contact Information
- Section II. General Information
- Section III. Insurance & Licensing Information
- Section IV. Product list/Growing calendar
- Signed Transparency Oath
- Signed Letter of Agreement
- Proof of Commercial Liability Insurance
- Copy of Illinois Sales Tax License

IF YOU HAVE BEEN ACCEPTED TO A CITY OF CHICAGO FARMERS MARKET OR GREEN CITY MARKET IN 2016 OR 2017:

- A copy of your most current application to a City of Chicago Farmers Market or Green CityMarket.
- A copy of your most current Letter of Acceptance to a City of Chicago Farmers Market or Green City Market.

IF YOU HAVE NOT PARTICIPATED IN A CITY OF CHICAGO FARMERS MARKET OR GREEN CITY MARKET IN 2016 OR 2017, PLEASE COMPLETE THE FOLLOWING SECTIONS OF THE APPLICATION:

Farmer (vegetables, fruits, foraged goods, flowers, plants, etc.)

- Section V. Farm/Orchard Site Location Information
- Farm Map (show farm boundaries, growing areas, crop location, storage sheds, packing and processing facility locations)
- Copy of latest property tax bill or lease documentation
- Section VI. (A) Production Practices: Farmers

Producer (meat, poultry, eggs, dairy)

- Section VI. (B) Production Practices: Producers

Processor (includes bakery goods, cheese and other dairy products, honey, jam and jellies, ciders, juice, maple syrup, granola; all meat and poultry items – frozen, cured, smoked, etc.; soaps , oils...)

- Section VI. (C) Production Practices: Processors

IF APPLICABLE:

- Organic certificate
- Other certifications regarding production practices

- Health Department permit and/or certifications
- Copies of applicable licenses

Submission Deadline: April 18, 2017

Mail completed applications to:
Greater Ravenswood Chamber of Commerce
c/o Ravenswood Farmers Market
1770 W Berteau, Suite 207
Chicago, IL 60613

or

Email application to:
gene@ravenswoodchicago.org

RAVENSWOOD FARMERS MARKET APPLICATION

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 **April 18, 2017**.

I. Contact Information (Please Print Legibly)

Business Name: _____

Contact Person: _____

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 Co-Op Other

If Other, please explain: _____

I am to be listed as the primary contact for a Cooperative Vendor: ___ Yes ___ No

I am applying as a: ___ Vendor only ___ Co-Op

What is the name of your Co-Op? _____

Do you intend to distribute a CSA at our market? Yes No

Please list all Chicago and non-Chicago Farmers Markets where you sell: _____



Vendors who have been approved by City of Chicago sponsored or Green City Markets in 2016 or 2017 may submit to us a copy of those approved applications along with their letter of acceptance in lieu of filling out sections V and VI of this application (please refer to the Application Checklist for a complete list of requirements).

I have been approved by the following market(s) in 2017 and have included a copy of my application and letter of acceptance from said market: ___ City of Chicago ___ Green City

I was approved by the following market(s) in 2016 and I certify that my growing practices have not changed since 2016. I have included a copy of my 2016 application and letter of acceptance from said market: ___ City of Chicago ___ Green City

II. General Information

Are you Certified Organic? Yes No If yes, please list certifying agency and date of last inspection

Are you FoodAlliance Certified "Sustainable"? Yes No

If yes, please list date of last inspection. _____

Do you possess any certificates regarding your production practices not mentioned above? Yes No

If yes, please list: _____

Do you grow and/or raise all products or ingredients that you plan to sell at the Ravenswood Market?

Yes No

If no, please explain:

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

Farmer/Producer: Must grow/produce 100% of the product they sell, with any exception approved by the Market manager(s).

Processor: Any vendor who sells a value-added product who is not the primary grower or producer of the raw ingredients used to make that product.

I would like to request additional space(s)

Check here if you are interested in sharing a 10'x10' space with another vendor (especially applies to vendors selling processed foods and baked goods).

Cooperative Vendors Only

Please briefly list all members of the cooperative below. **Each member must submit their own application** completed in full, detailing the product(s) they will contribute, along with this application.

Farm/Business Name

City/State Location

_____	_____
_____	_____
_____	_____

III. Insurance & Licensing Information

All applicants must have a comprehensive general liability insurance policy listing the Greater Ravenswood Chamber of Commerce and Ravenswood Evangelical Covenant Church as additional insured. It must have a minimum coverage of \$1 million per occurrence and \$1 million aggregate and include:

- Broad form coverage
- Products/completed operation
- Personal injury
- Advertising injury coverage

Applicants should also have \$1 million in hired and non-owned automobile insurance.

Insurance Co.: _____ Policy#: _____
Exp. Date: _____ Coverage Limit: _____
Per Occurrence: _____ Aggregate: _____
Agent Name: _____ Agent Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Fax: _____

Illinois requires that sales tax be collected in the sale of food, therefore you must have an Illinois Sales Tax License before applying to this market. Please include the License # below and attach a copy of the license to this application.

Illinois Sales Tax License # _____

Please attach a copy of your insurance policy certificate upon application submission.



TRANSPARENCY OATH

In an effort to be honest with my customers and fully transparent to the market management, I promise to sell only those products which I produce myself or which my cooperative produces.

I also agree to be honest about my production practices with both market management and my customers.

I understand that breaking this oath will result in removal from the 2017 market.

I understand that the Market Managers and the Greater Ravenswood Chamber of Commerce reserve the right to terminate any vendor agreement and remove a vendor from the Market at any time, and agree to withdraw from the market if asked to do so.

Name of Business: _____

Signature: _____

Print Name: _____

LETTER OF AGREEMENT

I have read the Ravenswood Farmers Market Guidelines. I agree to abide by and operate by the Markets' Guidelines cooperate with the Market management and pay the required fees. I agree to sell at the Ravenswood Farmers' Market only those items I have listed on the attached Product List.

I understand that the management reserves the right to restrict the type of product(s) I am allowed to sell at the market. I agree that any new, additional products must be pre-approved by the Ravenswood Farmers Market prior to sale. I acknowledge those products must be of my own productions or be produced at the location described on my application. I acknowledge that I am not a subcontractor or employee of the Greater Ravenswood Chamber of Commerce (GRCC) and take full responsibility for all my activities in the market (and for those assisting me) throughout the term of this seasons market (June - October, 2017).

I acknowledge the authority of the Market Manager(s) and the Greater Ravenswood Chamber of Commerce (GRCC) to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I agree to allow the Market Manager(s) and/or representatives of the Market to inspect the premises where the products offered for sale are produced at any time. Failure to allow an inspection will constitute a violation of Market rules. I understand that the Market Managers and the Greater Ravenswood Chamber of Commerce reserve the right to terminate any vendor agreement and remove a vendor from the Market at any time, and agree to withdraw from the market if asked to do so. I understand that the Ravenswood Farmers' Market does not carry any insurance policies to cover individual participants and that I am required to carry such insurance. I will comply with all local, federal, state and municipal laws and ordinances in the operation of my booth during Ravenswood Farmers Market and shall insure my merchandise against loss by theft or damage.

Reimbursement to the Greater Ravenswood Chamber of Commerce: Applicant hereby agrees to reimburse the Greater Ravenswood Chamber of Commerce for any expense of providing labor, equipment, and facilities, cleaning up or restoring, and repairing the premises occasioned by any use or activity carried on by application or those authorized under applicant's permit.

Indemnification and Hold-harmless Agreement: The undersigned, for himself and, if different, for the person or organization on behalf of whom this application is submitted, hereby releases GRCC, its officers, directors, staff and members from any and all claims for, and agrees that GRCC, its officers, directors, staff and members shall have no responsibility for, personal injury sustained by the Applicant, its agents or employees, or damage to, or loss or destruction of, the Applicant's property. The Applicant further agrees to indemnify and hold GRCC, its officers, directors and members harmless, from and against any and all claims for personal injury, damage to property or theft occurring in or about the Ravenswood Farmers Market area, whether to the Applicant, its agents or employees or any third party, caused in part or in whole by the participation of the Applicant in Ravenswood Farmers Market, and from any liability and/or for any contractual or quasi-contractual obligations to third parties in connection with the activity, event use or occurrence.

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

A) Primary Grower:

Name of Business: _____ Print Name: _____

Signature: _____ Date: _____

Please note: For each cooperative grower arrangement you will be making for the Ravenswood Farmers Market season, you will need to have a signed Letter of Agreement attached to this application.

b) Cooperative Growing Partner:

I am a co-op partner and _____ has my permission to sell my product(s) at the 2017 Ravenswood Farmers Market.

Name of Business: _____ Print Name: _____

Signature: _____ Date: _____

Stop! You may be eligible to submit a previously completed form from the City of Chicago or Green City Markets! See the FAQ for eligibility!

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, please include contact information for the owner and a copy of the rental lease 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): _____

VI. Production Practices

A. Farmers (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 and materials used.

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

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

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

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b. Weed Control

What weeds are your major problems?

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

Please list them all and be specific: _____

Describe your weed control practices:

c. Disease and Pest Control

What insects and diseases are your major problems? _____

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

Please list them all and be specific: _____

Describe your insect and disease control practices:

B. Producers (meat, poultry, eggs, dairy)

If you plan to sell cheese but do not produce the milk, please report in this section on the practices of the dairy you use and provide their contact information here:

a. Nutrition

Do you use and feed additives or injectables to supplement the animals' normal diet? _____ Yes _____ No

If yes, what do you use? _____

Describe your nutrition program/practices:

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b. Health

Do you use any hormones or antibiotics to maintain the animals' health? _____ Yes _____ No

If yes, what do you use? _____

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

c. Surroundings

_____ Feed lot _____ Pasture _____ Combination

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

d. Licensed Processing Location: Are these USDA licensed? _____

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

C. Processors (includes bakery goods, cheese and other dairy products, honey, jam and jellies, ciders, juice, maple syrup, granola; all meat, and poultry items--frozen, cured, smoked, etc; soaps, oils...)

a. List all prepared food or other products you hope to sell at the market. Each must be accompanied by its own ingredients list and source sheet (see 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. If you have seasonal items, please include the dates the items will be offered. Products not approved for immediate sale will be wait-listed and you will be contacted if or when the product is approved.

A sample of all product labels must be submitted with this application.

Products intended for sale at Ravenswood Farmers Market (be specific, please):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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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.

g. Licensed Food Processing Location (where products are fabricated):

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

C (I) Labeling of Processed Products

Every food pre-packaged in advance of retail sale must bear the following information in English on its label:

- The common and/or usual name of the product;
- The name, address and zip code of the manufacturer, processor, packer, preparer or distributor;
- The net contents of the package;
- A list of ingredients in the order of their predominance by weight with ingredients shown by their common or usual name; and
- A list of any artificial color, artificial flavor or preservative used.

Provide the following information for EACH packaged or processed product you intend to sell at the market. Please use additional sheets if necessary.

a) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

b) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

c) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

d) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

e) **Product Name:** _____
Packager: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

C (2) Packaged/Processed Items

a.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

b.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

c.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

d.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

e.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

f.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

g.) Item name: _____

Ingredients grown by you: _____

Ingredients NOT grown by you: _____

Source of ingredients NOT grown by you: _____

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h. 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 where your product is produced or processed must be licensed for organic processing. Please attach all necessary documentation to support this with the application.

C (3) Processing Facility Inspection

All processed foods must be prepared in a kitchen that has been inspected and approved by the appropriate governmental agency. If you plan to sell this type of product, please provide the following information:

Location of kitchen: _____

Inspection agency: _____

Phone: _____

Inspecting agent: _____

Inspection date: _____ Exp. date: _____

Are you a Cottage Food Operation? Yes _____ No _____

If so, please contact the Farmers Market Manager (gene@ravenswoodchicago.org) for additional documentation requirements.

Submission Deadline: April 18, 2017

Mail completed applications to:
Greater Ravenswood Chamber of Commerce
c/o Ravenswood Farmers Market
1770 W Berteau, Suite 207
Chicago, IL 60613

or

Email application to:
gene@ravenswoodchicago.org