

Southport Green Market Application – 2008

MARKET DATES/HOURS: Every Saturday from June 14th through October 18th - 8AM-12PM

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 March 15, 2008. Please include a non-refundable deposit of \$25 made out to the Southport Neighbors Association.

I. CONTACT INFORMATION (Please Print)

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

Other area Farmers Markets where you sell _____

The State of Illinois requires a sales tax for all food sales. All applicants have an Illinois Sales Tax License before applying. Include the License # below and attach a copy of the license to this application.

Illinois Sales Tax License # _____ (attach copy of license)

II. VENDOR TYPE: Check each category in which you plan to bring product to market:

Fruits Vegetables Flowers

Meat Fish Poultry Eggs Dairy

Other, please specify _____

Landlord: _____ Phone: _____

Land Description & Address: _____

Product: _____ City: _____ State: _____

Number of Acres: _____ Total Acreage in Production: _____

Greenhouse (# and total sq ft): _____ Tunnels (# and total sq ft): _____

Landlord: _____ Phone: _____

Land Description & Address: _____

Product: _____ City: _____ State: _____

Number of Acres: _____ Total Acreage in Production: _____

Greenhouse (# and total sq ft): _____ Tunnels (# and total sq ft): _____

V. PRODUCTION PRACTICES

1. 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 method including detection strategies and materials used.

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

b. Weed Control

What weeds are your major problems?

What products do you use, if any, to control weeds?

c. Insect and Disease Control

What insects and diseases are your major problems? _____

What products, if any, do you use to control insects and disease?

d. Are you certified organic? _____

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

a. Nutrition

What feed additives or injectables, if any, do you use to supplement the animals' normal diet?

b. Health

What hormones or antibiotics, if any, do you use to maintain the animals' health?

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

c. Surroundings

___ Feed lot ___ Pasture ___ Combination

Type of feed (grass or corn? _____

Product Processor's Name & Location Licensed by License #

1. _____

2. _____

3. _____

4. _____

5. _____

Are these USDA licensed? _____

d. Are you certified organic? _____

3. Other (includes bakery goods, cheese, yogurt, honey, jam and jellies, ciders, juice, maple syrup, granola, soaps & oils, for example)

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 (attached) –please make additional copies as necessary. 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.

Products intended for sale at the SGM (be specific, please):

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

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

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

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

d. Licensed Food Processing Locations (where products are fabricated):
Product Processor's Name & Location Licensed by License #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. How do you keep potentially hazardous foods at required Health Department temperatures during transportation and at market? _____

f. 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.

VI. INSURANCE INFORMATION

All applicants must carry commercial liability insurance (\$1 million) 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. Additional Insurance Requirements are listed in the Guidelines.

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.

LETTER OF AGREEMENT

I have read the SGM Markets Rules and Regulations. I will not resell products at the Market. I agree to abide by and operate by the Markets' Rules and Regulations, cooperate with the Market management and pay the required fees. I agree to sell at SGM Markets only those items I have listed within this application.

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 SGM prior to sale. I acknowledge those products must be of my own production or produced at the location described on my application. I acknowledge full responsibility for all of my activities in the market (and for those assisting me) throughout the term of this season's market. I acknowledge the authority of the Market Manager and the SGM Administrator to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations 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 to inspect the premises where the products offered for sale are produced at anytime. Failure to allow an inspection will constitute a violation of Market rules.

I understand that SGM does not carry any insurance policies to cover individual participants and that I am required to carry such insurance.

Reimbursement to the SGM: Applicant hereby agrees to reimburse the SGM 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 covenants to indemnify the City of Chicago Department of Education, the SGM and their officers, agents, employees and assigns, and to hold them harmless, 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.

Name of Business: _____

Signature: _____ Date: _____

Name of signature (PLEASE PRINT): _____

Title: _____

APPLICATION CHECK LIST

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THE FOLLOWING ITEMS ARE RECEIVED:

- _____ Application, fully completed with all appropriate supporting documentation
- _____ \$25 Non- Refundable application fee (Please make checks payable to Southport Neighbor's Association)
- _____ Copy of latest Property Tax Bill or lease documentation
- _____ Copy of 2006 Illinois Sales Tax Filing
- _____ Proof of Commercial Liability Insurance
- _____ Signed Affidavit

If Applicable:

- _____ Organic Certificate
- _____ 2007 Growing Calendar
- _____ Ingredients List
- _____ Health Department Permit and/or certifications
- _____ Copies of applicable licenses
- _____ Additional sheets and pages

Please send completed application, supporting documents and check to Southport Green Market:

Southport Green Market
% Southport Grocery & Cafe
3552 N Southport
Chicago, IL 60657

