

# FARMER'S MARKET APPLICATION

Please select one:

Outdoor St. Charles Farmers Market Application  
Friday's June - October [8am-1pm](#)

Indoor Farmers Market Application  
Friday's Nov - May [9am-12 pm](#)

Market Location:

Baker Memorial United Methodist Church [307 Cedar Ave, St. Charles, Illinois 60174](#)

Market Manager: Rob Murphy     [630 988-0705](#)  
[robm592002@yahoo.com](mailto:robm592002@yahoo.com)

Sponsored by: Baker Memorial United Methodist  
Church [www.bakermemorialchurch.org](http://www.bakermemorialchurch.org)

Market Mission: to offer for sale quality farm fresh products representing the best of Kane County, Illinois and Midwest agriculture and to also offer quality locally produced and distributed food products, artisan crafts and fine art in a farmers market format.

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Web site \_\_\_\_\_

(Farmers) Location of property where crops are  
grown: \_\_\_\_\_

\_\_\_\_\_

List of items to  
be sold \_\_\_\_\_

\_\_\_\_\_

Will you be selling locally distributed or artisanal products?  
yes    no

Brief description of your business that may be used in  
promotions and advertising:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees: Vendor Type: [see rate sheet] By market manager approval only

Full Season fee \$ \_\_\_\_\_ Half Season fee \$ \_\_\_\_\_

Advance weekly \$ \_\_\_\_\_

We will assign either a 10' wide or 20' stall based upon need. Produce/food growers, we have a limited amount of auto/truck pull in stalls available upon a first paid reserved basis. Please list your stall width preference and interest in reserving an auto/truck pull in stall.

The Farmers Market requires each vendor to carry their own liability business insurance or upon approval, a release of liability. The minimum coverage is Comp Gen Liability: \$500,000, plus Auto Liability: \$500,000. You will need to list: Baker Memorial United Methodist Church, The City of St. Charles and the St. Charles Park District as "named insured" on your insurance certificate.

I hereby submit my application for the St. Charles Farmers Market and do agree to abide by the rules set forth by the Market and agree to abide by the decisions set forth by the Market Manager and or the Baker Methodist Church Official acting as a representative of the Market Manager.

Signature \_\_\_\_\_

date \_\_\_\_\_

Mail Application, Payment and Insurance Certificate:  
Baker Memorial United Methodist Church attn: Rob  
Murphy, [307 Cedar Avenue, St. Charles, IL 60174](https://www.google.com/maps/place/307+Cedar+Avenue,+St.+Charles,+IL+60174)  
Phone: [630 988-0705](tel:6309880705) Website: [www.bakermemorialchurch.org](http://www.bakermemorialchurch.org)