

ST. CHARLES OUTDOOR FARMERS MARKET

2022 VENDOR RATES

Location: Baker Memorial United Methodist Church,
307 Cedar Avenue, St Charles, IL 60174

Dates: Friday's June - October 8am-1pm at Fourth Avenue and Main Street.

Checks made payable to Baker Memorial United Methodist Church

RESERVATION RATES	full season	half season	advanced weekly
Farmers <i>Produce, fruit, meat/poultry, dairy (fresh), flower/plant grower</i>	\$320	\$250	\$30
Other Food/Flowers <i>Prepared food, gourmet items, food items not listed above, flower seller, bakery goods</i>	\$375	\$250	\$30
Artisan Crafts & Fine Arts <i>Single artist, self produced work</i>	\$375	\$250	\$30
Arts & Craft Dealers/rep's	\$500	\$350	\$50
St. Charles Business <i>A bricks and mortar business located in St. Charles.</i>			
• Single business	\$320	\$250	\$50
• Association/cooperative	\$500	\$325	\$35

CONTACT INFO

For further information and arrangements contact: Rob Murphy, manager

- Call 630-988-0705 or email rob主m592002@yahoo.com
- You can visit the St. Charles Farmers Market on Facebook at *St. Charles Farmers Market*

ST. CHARLES OUTDOOR FARMERS MARKET

APPLICATION

Dates: Friday's June - October 8am-1pm

Market Location: Baker Memorial United Methodist Church, 307 Cedar Ave, St. Charles, IL 60174

Market Manager: Rob Murphy, 630-988-0705 or robbm592002@yahoo.com

Sponsored by: Baker Memorial United Methodist Church, www.bakermemorialchurch.org, 630-988-0705

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 to: Baker Memorial United Methodist Church, Attn: Rob Murphy, 307 Cedar Avenue, St. Charles, IL 60174 www.bakermemorialchurch.org