



2017

# CHICAGO CITY MARKETS

Application  
Form



CHICAGO DEPARTMENT OF  
**DCASE**  
CULTURAL AFFAIRS & SPECIAL EVENTS



# 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 10, 2017. Late applications will not be considered for the 2017 season (no exceptions).**

Please submit a bio to be featured on our website. (optional)

## CONTACT INFORMATION (Please Print)

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  Other \_\_\_\_\_

I am to be listed as the primary contact for a Cooperative Vendor (see next page)  Yes  No

Is this your first time applying to DCASE Markets?  Yes  No

If no, how many years have you sold at DCASE Markets?  
\_\_\_\_\_ years

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illinois Sales Tax License

# \_\_\_\_\_

(attach copy of license)

ATTACH COPY OF 2016  
SALES TAX PAID TO THE  
STATE OF ILLINOIS  
(annual or monthly  
statement)

The State of Illinois requires a sales tax for all food sales. All applicants must have an Illinois Sales Tax License before applying. Include the License # below and attach a copy of the license to this application. Vendors who participated in City of Chicago Farmers Markets Program last season (2016) must show proof of sales tax payment with this application. or monthly statement)

# GENERAL INFORMATION



Please note that we no longer allow vendors to sell products from another farm without full transparency.  
If you would like to sell product from another producer, you must apply as a Cooperative Vendor.

**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

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**All Vendors:** Check each category in which you plan to bring product to market:

- Fruit
- Flowers
- Vegetables
- Poultry, Eggs
- Meat, Fish
- Dairy
- Baked Goods
- Other, please specify \_\_\_\_\_

# 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 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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_  
Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_  
Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_  
Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Land Description: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Acres: \_\_\_\_\_ Total Acreage in Production: \_\_\_\_\_  
Greenhouse (# and total sq ft): \_\_\_\_\_ Tunnels (# and total sq. ft.): \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

# PRODUCTION PRACTICES



**Are you Certified Organic?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list certifying agency \_\_\_\_\_  
\_\_\_\_\_

**Do you have any other 3<sup>rd</sup> party certifications?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**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.

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

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

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

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# PRODUCTION PRACTICES



## B. Weed Control

What weeds is your major problem?

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

Please list them all and be specific: \_\_\_\_\_

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Describe your weed control practices:

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## C. Disease And Pest Control

What insects and diseases are your major problems? \_\_\_\_\_

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

Please list them all and be specific: \_\_\_\_\_

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Describe your insect and disease control practices:

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# PRODUCTION PRACTICES

## 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:

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### A. Nutrition

Do you use any feed additives or injectables to supplement the animals' normal diet?

\_\_\_\_ Yes \_\_\_\_ No 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

What do you use? \_\_\_\_\_

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

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### C. Surroundings

\_\_\_\_ Feed lot \_\_\_\_ Pasture \_\_\_\_ Combination

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

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# PRODUCTION PRACTICES

## D. LICENSED PROCESSING LOCATIONS - Are these USDA licensed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Product	Processor's Name & Location	Licensed by	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. 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, etc.)

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 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 DCASE Markets (be specific, please):

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

b. List the major ingredients that you produce that go into your products.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PRODUCTION PRACTICES

If there are none, please explain:

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c. Are you personally involved in the physical production of your product(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe how you make your products:

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

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

f. Licensed Food Processing Locations (where products are fabricated):

Product	Processor's Name & Location	Licensed by	License #
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

# PRODUCTION PRACTICES

g. What makes your products a good fit for DCASE Markets?

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h. How do you keep potentially hazardous foods at required Health Department temperatures during transportation and at market? \_\_\_\_\_

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i. 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.**





A COPY OF YOUR  
INSURANCE POLICY  
CERTIFICATES MUST  
BE ON FILE WITH OUR  
OFFICE BEFORE YOUR  
APPLICATION WILL BE  
CONSIDERED  
COMPLETE.

YOU MUST HAVE A  
CERTIFICATE OF  
INSURANCE LISTING  
THE DEPARTMENT OF  
CULTURAL AFFAIRS  
AND SPECIAL EVENTS,  
CITY OF CHICAGO AND  
FOR EACH MARKET  
YOU ARE ACCEPTED TO  
THAT REQUIRES ONE.

## V. 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. Please be aware that some market sites require additional insurance and insured parties. A list of all DCASE Markets and their insurance requirements can be found in the application packet titled **Additional Insurance Requirements**. All vendors are responsible for carrying the required insurance for each market.

Insurance Co: \_\_\_\_\_

Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_

Per Occurrence: \_\_\_\_\_

Aggregate: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# 2017 MARKET SPACE REQUESTS



Please refer to Schedule & Costs document for market locations and hours.

If you do not fill out start and end date you will be charged for the ENTIRE season, even if you are not there.

Market	Season	Rank (1st/2nd/3rd choice)	# of Stalls	Your Start Date	Your End Date
Federal Plaza	May – October				
Daley Plaza	May – October				
Division Street	May – October				
Lincoln Square	June - October				
Printers Row	June - October				
Lincoln Park	June - October				
Columbus Park	July - September				
La Follette Park	July - September				
Pullman	July - October				
Austin Town Hall	July - September				
Bronzeville	July - September				
Englewood/Anchor House	July - September				
North Lawndale	August - October				
Roseland	August – October				
Maxwell Street Market	Year Round				

# LETTER OF AGREEMENT

- I have read the UPDATED 2017 DCASE Markets Rules and Regulations. 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 DCASE Markets only those items I have listed on the attached Growing Calendar.
- I understand that the management reserves the right to restrict the type of product(s) I am allowed to sell at the markets. I agree that any new, additional products must be pre-approved by DCASE 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 my activities in the market (and for those assisting me) throughout the term of this season's market (May - October, 2017).
- I acknowledge the authority of the Market Manager and the DCASE 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 DCASE does not carry any insurance policies to cover individual participants and that I am required to carry such insurance.

Reimbursement to the City of Chicago: Applicant hereby agrees to reimburse the City of Chicago 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 and its 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



ALL NEW VENDORS MUST SUBMIT ALL ITEMS.  
DCASE DOES NOT KEEP PREVIOUS YEARS ON FILE.  
YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE  
FOLLOWING ITEMS ARE RECEIVED:

- Application, fully completed
- Copy of latest Tax Bill or lease documentation
- Farm Map (showing farm boundaries, growing areas, crop locations, storage sheds, packing and processing facility locations)
- Copy of 2016 Illinois Sales Tax Filing
- Proof of Commercial Liability Insurance
- Signed Letter of Agreement
- Transparency Oath

## If Applicable:

- Organic Certificate
- Other certifications regarding production practices
- 2017 Growing Calendars
- Ingredients List (for each product you plan to sell during the 2017 season)
- Passing Health Department Inspection
- Copies of applicable licenses
- Additional sheets and pages

Please send completed application, supporting documents and check to:

Department of Cultural Affairs and Special Events  
City Market Program  
Chicago Cultural Center, Room 350  
78 East Washington Street  
Chicago, IL 60602

# 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 markets.

Name of Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of signature (PLEASE PRINT): \_\_\_\_\_

# INGREDIENTS LIST

Prepared & Processed Food Products  
(bakery goods, cheese, dairy products, honey, jams, preserves, cider,  
juice, cased sausage, soap or body products, etc.)



**ONE SHEET PER ITEM – PLEASE MAKE COPIES IF NECESSARY**

BUSINESS NAME: \_\_\_\_\_

PRODUCT: \_\_\_\_\_

INGREDIENTS	% OF RECIPE	SOURCE	LOCAL	ORGANIC
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no
_____	_____	_____	yes/no	yes/no

What license(s) are necessary to produce this product (attach copy) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where is this being processed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_