



LAKE BLUFF FARMERS MARKET VENDOR APPLICATION

You can return
this form via e-mail!
(Preferred):

farmersmarket@lakebluff.org

Please **DO NOT** produce
a certificate of insurance
or an application fee
at the time of application.

Mailing Address:
Village of Lake Bluff
ATTN: Farmers Market
40 E. Center Avenue
Lake Bluff, Illinois, 60044.

DATE: _____ ILLINOIS SALES TAX LICENSE NO. _____

NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

WEBSITE: _____

Check this box to indicate that you have attached an aerial map of the location where your goods are produced; make sure that the address of the location is shown.

Who is responsible for production? You personally, your family, your employees? How many?

Who will be responsible for staffing the Market? Will they be able to attend every week?

How many years have you been engaged in this business? Your family?

Please provide a brief summary of the history of your business:
