

City of Spring Valley Farmers Market 2018

Wednesdays from 4 – 6 p.m.

Former IC Church Parking Lot – Corner of Spalding & Cleveland



The City of Spring Valley welcomes local vendors of home grown produce, natural and homemade products to participate in its Farmers Market. Vendors will be expected to adhere to the guidelines set forth by the Bureau County Health Department. It is the responsibility of the individual vendors to obtain any or all necessary permits and to collect Illinois Sales Tax when required.

SPACE

It is the City of Spring Valley's intent to provide adequate space for all vendors. Spaces will be assigned on a first come, first served basis. However, the City reserves the right to limit the spaces used by vendors, if necessary.

SET-UP

Vendors are asked to begin setting up no earlier than 3 p.m. Vendors may set up in a parking space and sell directly from their vehicle as long as that vehicle does not block ingress and egress. It is the vendor's responsibility to provide their own tables, chairs, tents, etc. All vehicles, goods, and equipment must be removed from the Parish of the Nativity of Our Lord's parking lot no later than 7 p.m. The area must be left clean from any garbage or debris.

TIME

The Spring Valley Farmers Market will be held, weather permitting, every Wednesday from 4 – 6 p.m., June 20th through September. October dates may be added if participants have produce available and weather permits.

FEE

There are no fees associated with this event.

CONTACT INFORMATION

Persons with questions regarding the Farmers Market may contact Debb Ladgenski, 815.303.4327 or sveconomics@comcast.net.

LIABILITY

The vendor must agree to hold harmless and indemnify the City of Spring Valley, Parish of the Nativity of Our Lord, the Catholic Diocese of Peoria and Farmers Market organizers any and all claims for personal injury or loss of property.

Representatives of the City of Spring Valley reserve the right to remove any item(s) which are displayed or offered for sale, which in the opinion of city officials or market organizer are inappropriate or not in keeping with the guidelines. Vendors who do not adhere to the guidelines set forth herein and by the Bureau County Health Department and the State of Illinois may be refused the right to participate in the City of Spring Valley Farmers Market.

A registration form containing all necessary information and signatures is required to be submitted to the City of Spring Valley prior to participation in the Farmers Market.

City of Spring Valley
Farmers Market Participation Form

Forms must be completed and signed before participating in the Farmers Market. The form may be returned in advance to Farmers Market, City of Spring Valley, 215 N. Greenwood Street, Spring Valley, IL 61362 or submitted the day of the event. Forms may also be faxed to: 815.664.2114.

BUSINESS _____

CONTACT(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

E-MAIL _____

Check One:

_____ I will be vending from a booth/stand. _____ I will be vending from a parked vehicle.

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I, as a vendor in the City of Spring Valley Farmers Market in Spring Valley, Illinois have read and understood the information and guidelines set forth by the City of Spring Valley and the Bureau County Health Department. I will abide by the regulations and guidelines and understand that failure to do so may result in the suspension of this agreement and/or removal from the Farmers Market.

I will defend, indemnify, keep and hold harmless the City of Spring Valley, its Aldermen, employees, agents and other volunteers, the Catholic Diocese of Peoria and the Parish of the Nativity of Our Lord from all damages, judgments, expenses (including reasonable attorney fees) costs or liabilities in law or equity suffered because of the injury to or the death of any person or persons, or because of damage to property that may arise out of, or as a consequence of, my negligent or intentional acts while participating in the City of Spring Valley's Farmer's Market.

Vendor's Signature _____ Date _____

Signature(s) of any additional person(s) working the event: _____

Please check all methods of sale that you accept:

Cash _____ Credit _____ Debit _____ EBT/SNAP/LINK _____ WIC-FMNP _____

Other _____ (Please describe)