



2025 Outdoor Application

Sundays: 10:00 am - 2:00 pm from May 25th through October 26th except for June 29th & July 6th
Fee: Due upon application approval - Do not send payment unless approved

Producers Application for Permission to Sell

Date: _____ IL Sales Tax License #: _____

Business Name: _____

Owner: _____

Business Phone #: _____ Cell #: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____ Website: _____

Physical Location If Different Than Above: _____

List **all** items for sale: _____

Pricing for Standard 10' X 10" Booth

Season Rate: \$840.00

Weekly Rate: \$45.00/week

Additional Space for Farmers: Additional 50% of season rate per 10 feet of additional space

Additional Space for Non-Farmers: Additional season rate per 10 feet

Electric, if required: \$125 season rate or \$7.00/week

Please indicate the market option below:

All 21 weeks _____

Weekly _____ Circle weeks: 5/25, 6/1, 6/8, 6/15, 6/22, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17, 8/24, 8/31, 9/7, 9/14, 9/21, 9/28,

10/5, 10/12, 10/19, 10/26

Additional Space required (10' or 20') _____ Electric Required _____

Affidavit

I, _____, hereby agree to sell or offer for sale at the Farmers Market+ At The Dole only such items as listed above, and that they are of my production at the above-described property. Further, I acknowledge full responsibility for all activities and conduct. I also affirm that I carry an insurance policy that will protect against liability and that I must submit a copy thereof as well as carry proof of said insurance when attending the Farmers Market+ At The Dole. I understand that all applications to sell are considered for review by The Dole Board and can be denied or accepted in partial or in full upon discretion of the Board.

Signature

Date

Family owned & operated? Founded when? _____

Return to: info@FarmersMarketAtTheDole.com