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VILLAGE OF BUFFALO GROVE FARMERS MARKET  
VENDOR PACKET

Village of Buffalo Grove, 50 Raupp Blvd., Buffalo Grove IL 60089  
847.459.2530; [ybgfarmersmarket@gmail.com](mailto:ybgfarmersmarket@gmail.com)  
Questions? Call Greg Sauser at 847.459.5528



**PLEASE SUBMIT THE FOLLOWING:**

1. Your completed application.
2. Signed affidavit.
3. Copies of all government licenses and sanitation certificates (USDA, IDPH, OR LOCAL HEALTH DEPT.) associated with your food product.

The committee and the Buffalo Grove Health Dept will review your application. You will be notified via email whether your application has been approved or not. If approved, the fees and proof of liability insurance will be due at that time.

**Do not send fees or insurance until you have been notified that you have been approved!**

**Once approved, mail fees and insurance to:**

Village of Buffalo Grove  
Greg Sauser/Farmers Market  
50 Raupp Blvd  
Buffalo Grove IL 60089

**FEES:**

Space rental fees must be paid in advance.

- A. Annual - \$250.00
- B. 1 to 4 weeks - \$25 per week
- C. 5 or more weeks - \$20.00 per week

**INSURANCE:**

Proof of liability Insurance: (see attached Rules and Regulations for amounts)

**Both entities below must appear as additionally insured and as certificate holders:**

Village of Buffalo Grove, 50 Raupp Blvd., Buffalo Grove IL 60089

Buffalo Grove Park District, 530 Bernard Drive, Buffalo Grove IL 60089

Thank you for your interest in the Buffalo Grove Farmer's Market! We look forward to working with you!

We welcome your suggestions & comments!

Village of Buffalo Grove Farmers Market  
Vendor Application for Permission to Sell



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

COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIP

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

ILLINOIS BUSINESS SALES TAX LICENSE #: \_\_\_\_\_

Are you registered as a cottage food vendor? Yes\_\_\_ No\_\_\_. If yes, attach a copy of your registration.

Has any health authority issued a citation, suspended, or revoked your permit in the last 3 years?

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

Has any health authority had to conduct a follow-up/re-inspection in the last 3 years. Yes\_\_\_ No\_\_\_.

If you answered yes to either of the two questions above, what was the reason for the citation, suspension, revocation, or re-inspection? Please provide additional documentation listing the details.

If your vehicle must be parked behind the stall during market hours, please indicate vehicle length: \_\_\_\_\_

Are you registered to accept any of the following programs? We may promote this for you.

IL Senior Farmers Market checks: \_\_\_\_\_ WIC: \_\_\_\_\_ Link Card: \_\_\_\_\_

Are you interested in accepting compostable food waste from residents for use on your farm? \_\_\_\_\_

Please check below the dates you plan to attend:

2024 Market Dates									
6/16		7/7		8/4		9/1	NO	9/29	
6/23		7/14		8/11		9/8		10/6	
6/30		7/21		8/18		9/15		10/13	
		7/28		8/25		9/22			

\*Please ensure you have calculated your fees based upon the number of market dates you plan to attend.



**AFFIDAVIT**

I, \_\_\_\_\_, hereby agree to sell or offer for sale at the Village of Buffalo Grove Farmers Market only such items as listed in this application, which are either of my own production on the above described property or are purchased, manufactured, or processed from sources I have disclosed. Further, I acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold the Village of Buffalo Grove and the Buffalo Grove Park District harmless and to indemnify the Village and the Park District for any and all claims arising under this permit.

I agree that no sales of my products/produce will be made on Buffalo Grove Park District or Village of Buffalo Grove property other than during the dates and times when the Farmers Market is open without the written permission of the Buffalo Grove Park District and the Village of Buffalo Grove.

I further acknowledge that falsifying any information on this application will be immediate grounds for revocation of my vendor permit.

Signature of Applicant: \_\_\_\_\_

(or) Applicant's Legal Agent: \_\_\_\_\_

\_\_\_\_\_  
Print name and company name.