



## 2024 ST JOHN FARMERS MARKET

### *Agreement and Application Form*

P:219-365-6236 / [farmersmarket@stjohnin.com](mailto:farmersmarket@stjohnin.com)

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**Market Season:** The market is held every Sunday, rain or shine, beginning the first Sunday in May through the end of October.

**Time/Location:** 8:00 a.m. to 1:00 p.m. at 9660 Wicker Avenue in St. John (Community Hospital Outpatient Center).

#### **Vendor Type:**

- **Full Season Vendors** are vendors who reserve the same space for the entire market season (26 dates) by paying the applicable fee in advance.
- **Half Season Vendors** are vendors who reserve a space for half of the market season (13 dates) by paying the applicable fee in advance.
- **Trial Vendors** are vendors who reserve space on a week-to-week basis by paying the applicable fee.
- **Non-Profit Vendors** are vendors who may participate to promote their services if proof of their 501(c) 3 status is submitted. Non-Profit vendors may apply for a fee waiver.
- **Local Farmers** are vendors who may participate to sell their produce at no fee.

#### **Vendor Fees:**

- **Full Season Vendors:** \$350.00 (26 dates)
- **Half Season Vendors:** \$250.00 (13 dates)
- **Trial Vendors:** \$50.00 each date

**Item/Vendor Exclusivity:** Please be sure to list all items you intend to sell at the market in the appropriate section on the application. Items not listed on the application must be approved by the Market Coordinator before they can be sold at the market. We do our best to bring a wide variety of vendors and items to the market, but vendors of the same product might be considered, with the decision determined by market staff on an individual basis.

**Booth Space:** Each booth space typically consists of two parking spaces unless otherwise approved by the Market Coordinator. The Market Coordinator will make every effort to accommodate preferences in location, but reserves the right to move vendors if necessary. Only full season vendors are guaranteed the same space for every market in which they participate.

**Supplies/Equipment:** Vendors must provide all supplies for set-up. Vendors are encouraged to have pop-up canopy tents with weights (min. 10lb per leg) in their booth space, as well as trash bags, signage, tables, etc. Vendors are responsible to setup and take down their own booth spaces.

**Arrival/Departure:** Vendors may set up as early as 6:00 a.m. on Sunday morning and must be completely ready no later than 7:45 a.m. when barricades to the market are in place. For the safety of our vendors and patrons, vendors will not be able to leave the market early unless you notify the market staff, who can safely guide you to an exit. *The market closes promptly at 1:00pm, however barricades will remain in place until 1:10 p.m*

**Cancellations:** Vendors are required to notify the Market Coordinator when they are not able to utilize their space for any given market. An email prior to 8 p.m. the Saturday before the market will suffice. The market understands last minute challenges arise, but please make efforts to contact us as empty booth spaces and gaps between vendors creates an unattractive market.



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**Electricity:** Electricity is not available at the market. Portable electricity or propane use is the responsibility of the vendor. Vendors must discuss these items in advance with the Market Coordinator to ensure all necessary safety measures are addressed.

**Food Vendors:** A current Health Permit from Lake County, Indiana is required for all food vendors preparing food on-site. At-home kitchens are responsible for following Cottage Law labeling requirements as regulated by the Health Department. Permit information can be obtained from the Lake County Health Department, 2900 W 93rd Avenue, Crown Point, Indiana 46307 | (219) 755-3655.

**Payments:** Market fees shall be paid to the Clerk- Treasurer's Office at least one week in advance and after you have received approval as a vendor by the Market Coordinator. **Do not mail or make any payment until you have received confirmation of your approval from the Market Coordinator.** Payment by checks shall be made payable to "**Town of St. John**". Returned checks will be assessed a \$20.00 NSF fee.

**Vendor Etiquette:** All vendors are expected to maintain high standards of honesty and integrity with respect to the representation and sale of their product. Misrepresentation of a product or discourteous, rude, or disruptive behavior is grounds for dismissal from the market.

**Point of Focus:** The St. John Farmers Market is dedicated to hosting independent businesses which focus on artisanal, crafted, handmade products, a wide variety of gourmet foods, fresh baked creations, along with the best produce from local farmers and orchards. We strive to present a market which can provide customers the opportunity to patronize local independent operators, rather than retail sales or Multi-Level-Marketing businesses. The market staff reserves the right to decline any applications or inquiries based upon the criteria and market focus.

**Information:** For more information, please contact the Town of St. John Parks Department at 219-365-6236 or email [farmersmarket@stjohnin.com](mailto:farmersmarket@stjohnin.com).

**Notice:** *Submitting an application does not ensure participation in the market. All applications are subject for review by the staff. We strive to maintain a diverse market to create a vibrant community shopping experience. The Market Coordinator reserves the right to request removal of any unauthorized items.*



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(Please print or type all information clearly and completely)

VENDOR NAME							BUSINESS					
MAILING ADDRESS												
CITY						STATE			ZIP			
SOCIAL MEDIA (Facebook/Instagram/etc.)												
PRIMARY PHONE					SECONDARY PHONE							
EMAIL ADDRESS												
VENDOR TYPE	Farmer/Grower		Food Artisan		Artist		Crafter		Non-Profit		Other	
VENDOR ITEMS* (list all items selling)												
<b>* Please attach pictures of all selling items with application. MUST ABIDE BY ALL LAKE COUNTY, INDIANA HEALTH DEPARTMENT REGULATIONS FOR EVENT FOOD. Vendors must carry liability insurance and provide a Certificate of Coverage for any products which are to be consumed or applied to the body (food, lotions, etc.). Attach copy with application.</b>												
Booth space is 10' x 10', unless approved by Market Manager. Additionally space needed?	Yes		No		How many additional spaces: _____							
Season Vendor Type ^^ One Date ^^ May Apply For Fee Waiver	\$350 Full Season		\$250 Half Season		^^\$50 Trial Vendor		^Non Profit/Farmer Vendor					

**Please do not submit a payment until you received confirmation of your approval from the Market Manager. Checks can be made payable to the "Town of St. John."**

### Please Initial to Agree to the following terms and conditions

- \_\_\_\_\_ I understand that my photo may be taken during the market and posted on social media platforms.
- \_\_\_\_\_ I agree to attach weights even if there is no wind. All canopies must have weights regardless of weather predictions.
- \_\_\_\_\_ All supplies must be contained within booth space. This includes A-frames and/or other signage, which must be out of the way of the walking area. No exceptions.
- \_\_\_\_\_ I agree under Cottage law I will provide proper labeling.
- \_\_\_\_\_ I agree to include where all produce is harvested/grown.
- \_\_\_\_\_ I understand the market staff is frequently contacted by customers attempting to reach vendors, and I am okay with the market staff sharing my contact information with prospective customers.
- \_\_\_\_\_ I understand that the Town of Saint John Farmers Market and its employees are not held responsible for any theft, loss, damage, or injury.

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

*\*By signing this application and if you are approved, you agree to follow all park rules and regulations and the Farmer's Market Guidelines stated above.*

**Email the completed application to [farmersmarket@stjohnin.com](mailto:farmersmarket@stjohnin.com), or mail application to:**

**Town of St. John 9350 Hack St. Bldg. 2 St. John, Indiana 46373**

**Must present a copy of Lake County Health Department License if applicable at the time of payment**