

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



Farmers Market Vendor Application

FARMERS MARKET. A group of vendors collected on the City Hall grounds for selling only home-grown products or food items consistent with Jo Daviess County Health Department regulations or handmade products.

Please complete the following:

Vendor Name: _____

Name of Farm/Business: _____

State Sales Tax License No. _____ (Vendors are responsible for registering with the Illinois Department of Revenue (IDOR) and remitting sales tax according to IDOR rules.)

Address: _____

Phone Number: _____

Email Address: _____

Name of the Person(s) Who Will be Selling at your Booth:

1. _____ 2. _____

3. _____ 4. _____

Please check the following that describes you or your product(s):

Produce _____ Baker _____ Prepared Foods _____ Eggs _____ Honey _____

Flower Grower _____ Meat _____ Cheese _____ Handmade/Craft _____

Other (please specify) _____

This application should be submitted to the Galena Farmers Market Manager:

Susan Droessler
563-542-0996
cldcons@yousq.net

Vendor Signature: _____ Date: _____