

Sullivan Farmer's Market Corner of Route 121 & 32
2010 Registration Form
June 11 – September 24, 2010

Business/Farm Name _____

Name of primary seller: _____

Names of additional sellers: _____

Address: _____

City, State, Zip _____

Business Phone: _____ Home phone: _____

Fax: _____ Email: _____

Product Liability Company _____

Policy Number _____ Tax ID# _____

Rates (circle one):

Daily Rate - \$5

Full Season (16 weeks) - \$70 (\$10 discount)

Half Season (8 weeks) - \$30 (\$5 discount) Please specify dates: _____

Types of Produce: _____

Vendors who register for a full season will receive an assigned space.

I have read and understand all rules, regulations and guidelines of the Sullivan Farmer's Market and agree to abide by these rules.

Signature of primary seller _____ Date _____

Please contact The Moultrie County Health Department direct for forms to complete and questions regarding products 217 728-4114.

Make checks payable to: Sullivan Farmer's Market

Mail registration, payment, and liability form to:

Sullivan Chamber and Economic Development

112 W. Harrison Street

Sullivan, IL 61951

(217) 728-4223