

2015 Promenade Bolingbrook Farmer's Market Application

631 East Boughton Road • Bolingbrook, IL 60440

Directions: Just west of I-355 --at Boughton Rd

Market on Sandburg Way
next to concerts!

You must
supply your
own black
ground mats!!!

Thursdays 4-9 PM June 11– August 13, 2015
4-8 PM August 20 – September 17, 2015

Overlaps with the popular concert series!

NOTE: PRIORITY WILL BE GIVEN TO BOLINGBROOK AREA VENDORS
& PRIOR & MULTIPLE MARKET PARTICIPANTS THAT SIGN UP
PRIOR TO MARCH 10, 2015.



BUSINESS NAME: _____

Illinois Sales Tax License # _____ (REQUIRED)

Contact Person

CELL PHONE NUMBER

AND

E MAIL ADDRESS

MAILING ADDRESS

IMPORTANT: IF YOU PLAN TO SELL CONSIGNED ITEMS, YOU MUST MAKE A SEPARATE WRITTEN REQUEST. IT WILL ONLY BE GRANTED IF IT DOES NOT COMPETE WITH OTHER MARKET VENDORS. MARKET MANAGER RETAINS THE RIGHT TO ASK YOU TO DISCONTINUE SELLING THESE ITEMS AT ANY TIME THROUGHOUT THE SEASON. RE-SELLERS WILL BE ADMITTED AT THE DISCRETION OF MALL MANAGEMENT.

TOTAL FEE FOR THE FULL 15 WEEK SEASON:

\$350 per Space

\$500 for two spaces

\$675 for three spaces

Of Spaces Required: _____ Amount Enclosed: _____

- Space is 10 by 10ft. You must supply own tables/tents/supplies. Tents must be weighted & all cords taped.
 - You are responsible for all food handling and safety permits. Please check with the WILL COUNTY HEALTH DEPARTMENT: Delana Givens 630-679-7016 dgivens@willcountyhealth.org
- Registration will not be considered without completed application form, payment and proof of insurance naming Starwood Capital Group as additionally insured.
- Final acceptance of completed application will be determined by management.
- No refunds will be given. Missing more than 2 weeks of the market, may result in space reassignment.
- **ABSOLUTELY No moving vehicles allowed in the market area between 3:30 and 9 PM!**

Seller's Affidavit

I _____, hereby agree to offer for sale at the Promenade Bolingbrook Outdoor Market only the items I have listed. Produce and/or other goods sold at the market must be grown or produced by the vendor and not purchased from a wholesaler. I understand that no refunds will be made if I decide to withdraw from the market. I further, agree to hold Starwood Retail Partners, Starwood Capital Group LP, SOF-IX PB Owner LP Global, Inc. and Make It Happen Pronto, LLC harmless and to indemnify said associations for any and all claims arising under this permit. I agree to all terms on this contract.

Applicant Signature: _____

Date: _____

TO REGISTER, SEND REQUIRED PAPERWORK AND PAYMENT TO:

Make It Happen Pronto
PO Box 2935 ♦ Glen Ellyn, IL ♦ 60138-2935
makeithappendupage@gmail.com
Phone: Angela Smith 630-235-1376

**PRIORITY WILL BE GIVEN TO LAST
YEAR'S VENDORS WHEN FORMS
AND PAYMENT ARE RECEIVED
BEFORE MARCH 10TH.**