

Return completed Form, Payment, and License/Insurance to: Zizic LLC—PO Box 603—Grant Park, IL 60940

# VENDOR REGISTRATION FORM

Indoor Winter Farmers Market  
January 23 thru April 2, 2016— 10AM to 2PM

\*Market Closed March 19th\*

@ The Kohl Center—435 E. Oak St.—Kankakee, IL 60901  
Questions Please Call Scott: (815) 465-2288

*Thank you for inquiring about being a vendor at our Indoor Winter Farmers Market— Limited space is available (applicants will be approved on a first come basis) In order to be considered for space at this event you must submit your completed application form along with full payment and proof of insurance with Zizic LLC listed as Additional Insured.*

**REGISTRATION DEADLINE: January 13, 2016**

(Registration fee is non-refundable)

Each vendor will be allotted a designated area—please indicate any specific requests or needs. Each spot will be approximately 10x6. No Power will be supplied\* Vendor Booth Fee \$200/Season. \$25/Individual Date. Booths will be reviewed prior to opening of the market— any material found offensive, illegal, or not approved through the application and registration process will be asked to be removed, no refund will be made for any fees. Additional space may be requested for an additional fee. By signing this registration form you are agreeing to allow the use of photos, logo, and business name in promotional and marketing materials.

\*Note: All Vendors must provide proof of insurance with Zizic LLC listed as an additional insured. Check Made Payable to Zizic LLC, and Completed Application Form to be considered registered for event. Vendor is responsible for merchandise, Zizic LLC & The Kohl Center Banquet Hall takes no responsibility for any items or sales merchandise. Vendor is responsible for all licensing and sales tax.

**Registration Fee must be enclosed Make checks payable to Zizic LLC—PO Box 603—Grant Park, IL 60940**

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Website: \_\_\_\_\_

PLEASE STATE WHAT YOU ARE SELLING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration- Check One: \_\_\_ Season \$200 (10 Days) \_\_\_ Individual Dates @ \$25 per (List Dates: \_\_\_\_\_)  
\_\_\_\_\_ Indoor Electricity Needed @ \$30 \*List Items & Voltage (limited available, first come— first serve basis):  
\_\_\_\_\_

Additional Comments/Needs: \_\_\_\_\_

I agree to the rules and regulations set forth for this event, that I have read and reviewed the application....

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

\*Contact Scott @ (815) 465-2288 with any questions. Not for profit organization—please contact us for more information on booth fees & specials. Food Vendors must provide health department license along with other requested materials before registration may be finalized.