

**2026 LIBERTYVILLE FARMERS MARKET  
PRODUCERS APPLICATION FOR PERMISSION TO SELL**

DATE \_\_\_\_\_ IL SALES TAX LICENSE NO. \_\_\_\_\_  
(If license has not been received, give Date of Application)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(Street/Road and House Number)

POST OFFICE \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

STALL SIZE YOU WILL NEED \_\_\_\_\_ TOTAL FEE FOR THIS STALL \$ \_\_\_\_\_

EXACT LOCATION USED FOR PRODUCTION \_\_\_\_\_

ITEMS OF PRODUCTION FOR SALE:

TRUCK GARDEN \_\_\_\_\_

ORCHARD \_\_\_\_\_

BERRIES \_\_\_\_\_

FLOWERS \_\_\_\_\_

GREENHOUSE \_\_\_\_\_

NONREFRIGERATED, HOMEBAKED GOODS \_\_\_\_\_

REFRIGERATED GOODS \_\_\_\_\_

ORGANIC (Must be substantiated) \_\_\_\_\_

OTHER (Please list) \_\_\_\_\_

The above is required by Libertyville Village Ordinance.

**AFFIDAVIT**

I, \_\_\_\_\_, hereby agree to sell or offer for sale via the MainStreet Libertyville Farmers Market, only such items as listed above, which are of my production on the above described property. Further, I acknowledge full responsibility for all activities and conduct. I also affirm that I carry an insurance policy that will protect against liability and that I must carry proof of said insurance when attending the MainStreet Libertyville Farmers Market.

**Please note the first week you will be attending the market. Date:**

**If you cannot attend the market on any given week during the season, please call the MainStreet Libertyville office at the number below no later than Wednesday of that week. Failure to do so may result in your market spot being changed permanently.**

**Please remit all checks, contracts and correspondence to:**

MAINSTREET LIBERTYVILLE, INC., 150 E COOK AVE, UNIT 102, LIBERTYVILLE, IL, 60048.

Phone number is 847-680-0336.

## MAINSTREET LIBERTYVILLE FARMERS MARKET INFORMATION SHEET

Name of Farm or Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Produce Grown or Product Made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How Many Years in Business: \_\_\_\_\_

How Many Years Has the Family Been Involved: \_\_\_\_\_

Members of Your Family Involved in the Farm or Business Today: \_\_\_\_\_

\_\_\_\_\_

For new vendors, what is the history behind your farm or business (How did it get started, etc.):

For new vendors, please give us a few details about the farm or business - A funny story, event of historical significance, awards, etc.

**Please Return this by April 3, 2026 To: MainStreet Libertyville, Inc.  
150 E Cook Avenue, Unit 102  
Libertyville, IL 60048**

***MAINSTREET LIBERTYVILLE  
2026 FARMERS MARKET  
CHECK LIST***

<b>DATE</b>	<b>ITEM</b>	<b>CHECK BOX</b>
4-03-26	First Payment due - \$120.00	_____
	Proof of Insurance and Sales Tax License due	_____
	<b>*Lake County Health Dept. Cert.</b>	_____
	Contract due	_____
5-08-26	Second Payment due - \$120.00	_____
5-28-26	First Day of Market – Remaining balance due	_____

**\*Please contact the Lake County Health Department at 847-377-8040 to make sure that you meet their requirements. They will attend the first day of market to make sure that everyone has complied with their requirements. They will also contact MainStreet Libertyville prior to the start of market if there is a vendor who needs to be certified that has not yet contacted them. Failure to be certified when needed will result in your failure to sell at our market.**