



THE LAND OF GOSHEN COMMUNITY MARKET

VENDOR APPLICATION

From the Kitchen

Vendors who do not grow their ingredients

From the Garden Kitchen

Vendors who grow their ingredients. Must include Vendor Documentation for *From the Garden*.

Please fill in all applicable information. This completed form, along with copies of all certificates, must be submitted before the Vendor may participate in the Market. Please call the Market Master at 618-307-6045 for instructions.

Product(s) I plan to sell: _____

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Location of kitchen if not at this address: _____

Inspected Kitchen

Leased Inspected Kitchen

Please provide copies:

Food Service Sanitation Permit (County: _____)

Permit # _____ Expiration Date: _____

Food Service Sanitation Managers License

ID # _____ Expiration Date: _____

IDPH Inspected Facility Certification # _____

Facility Name & Location _____

My signature confirms that the above information is true and correct.

Signature: _____ **Date:** _____