

**OLD TOWN FARMERS MARKET
BELLEVILLE, ILLINOIS
2019 GENERAL RULES**

1. Market selling hours are 7:30am to 12:00 pm in the first block of South Charles, and the parking lots adjacent
2. The Market will proceed “rain or shine.”
3. **All vendors will complete “the Vendor Application” and receive approval from the Market Committee prior to Market day. A “walk-in” vendor who arrives on Market day must complete the “Vendor Application” and be approved by the Market Manager for that Market day before they set up.**
4. Vendors with reserved space should notify the Market Manager the Thursday prior to Market day if they will be unable to attend. In the event of a no show of a vendor, that vendor will forfeit their space to “walk-in” vendors without any refund of fees. A vendor will be considered a no show if they have not called the Market Manager and are not on site by 8:15am. If a vendor is a no show on more than one occasion, they will be subject to forfeiture of their space for the duration of the season, with **NO REFUND** of fees.
5. **Vendors shall supply their own display table and materials for their space and all assistance in setting up , operating, and dismantling their space.** All displays and signs must be kept within the vendor’s designated area.
6. Vendors may begin to set-up at 6:30am. Only those with vehicle stalls are allowed to leave their vehicle in their stall during Market hours. Otherwise, all vehicles will be out of the barricaded Market area from 7:30am to 12:00 pm. These vehicles should be parked some distance from the Market area to permit customer parking close to the Market. *For safety reasons no vehicles will move prior to the close of market!*
7. No crying out or “hawking” of products will be allowed.
8. **Vendors are responsible for clean up of their own debris after Market closing.** Trash, debris and leftover produce removed by the Market Committee will result in a **minimum charge of \$25.00.** Any such cleaning charge must be paid prior to the next market date or the vendor will not be allowed to set-up. Space and pre-paid fees will be forfeited.
9. Vendors are responsible for following the laws of the State of Illinois and St. Clair County for taxes and appropriate insurance. A copy of the ST-1 Department Revenue Form is attached. Also, regulations pertaining to labeling, packaging and storage of eggs, meat, cheese, jams, jellies, honey, baked goods, etc. must be followed.
10. Each vendor is expected to fairly price their goods. Complaints by other vendors will result in a review by the Market Manager, and unless corrected, the vendor may be asked to leave and forfeit their space and pre-paid fees.
11. All vendors **must** prominently display prices of all items offered for sale.
12. Sharing of vending space requires approval of the Market Master.
13. The Market Manager is permitted to randomly inspect products offered for sale.

RENTAL

Vendors must remain current on payment or risk forfeiture of space.

PRODUCTS OFFERED FOR SALE

The Market is a venue for locally grown horticultural products, baked goods and some processed foods with proper preparation and refrigeration, and primitive and fine art products. **Vendors participating in the Illinois Farmers' Market Nutrition Program (FMNP) must abide by that Program's rules.**

Agricultural and Food Products

Fruits and vegetables sold should be locally grown in accordance with the requirements of the (FMNP) which states "**Locally grown shall mean that the product was grown in Illinois or the six contiguous states (Iowa, Indiana, Kentucky, Michigan, Missouri, and Wisconsin).**" The Market Committee will consider vendors selling fruits and vegetables grown outside these states on a case by case basis. Only indigenous fruits or vegetables will be permitted.

- ↪ **Vendors must grow a minimum of 30% of the produce they sell. Any other fruits or vegetables sold must come from IA, IN, KY, MI, MO or WI. We reserve the right to visit production facilities and/or acreage.**
- ↪ Commercial "jobbing" (retailing) or resale of commercially processed or packaged products is not allowed.
- ↪ On site, locally grown and packaged, value added food products are allowable but vendor must be the packager of the product and comply with applicable state and local laws and regulations.
- ↪ Cider, jellies, jams, honey, molasses, meat, cheese and eggs must be packaged, labeled and stored in accordance with local health regulations. Baked goods, dried products and canned fruit preserves, jams, and jellies should be prepared by the vendor or vendor's group and packaged, labeled and stored in accordance with local health regulations.
- ↪ Majority of the produce (fruit/vegetable) ingredients in prepared foods should be locally grown.
- ↪ Baked goods, which require refrigeration, are not allowed. This includes, but is not limited to soft, cream or meringue topped pies, cream and custard filled bakery products.
- ↪ Only food products, which are wholesome and free of adulteration, may be marketed.
- ↪ The sale of food and beverages, which are generally intended for immediate consumption, is reserved for local non-profit groups (and select licensed restaurateurs with a food permit and liability insurance).

Acceptable Agricultural and Food Products

Fresh fruit, vegetables, nuts, herbs, cut or dried flowers, bedding or other nursery plants, cider, molasses, honey, non-refrigerated baked goods, jams, jellies, and preserves, dried products, grains, straw/hay, cornstalks or similar wild gathered products are acceptable agricultural and food products. The sale of eggs is acceptable but must meet the requirements of the Illinois Egg Law regarding candling, cold storage, packaging and labeling. The sale of meat (including dried meats), fish, and poultry is acceptable but must meet the appropriate Health and Agriculture Department requirements for processing, packaging, cold storage (temperature control), and labeling. Mushrooms offered for sale must meet the appropriate Health and Agriculture Department regulations. The sale of raw milk cheeses is acceptable if made in a licensed dairy plant and aged over 60 days. The sale of processed natural cheeses is acceptable if made in a licensed dairy plant, with all potentially hazardous products stored at 41°F

below. Proof of compliance with local health department regulations is required for all cheese vendors prior to the first day of market sales.

Unacceptable Agricultural and Food Products

Dairy products (except raw milk cheeses aged longer than 60 days and processed natural cheeses), home heat-canned processed foods, live animals, wild mushrooms, and baked or cooked foods requiring temperature control are **unacceptable for sale at the market**. Additionally, items that might conflict with the surrounding “brick and mortar” shops must be approved in advance – items that may be prohibited include spice vendors, cut flower vendors, bakers.

ARTISAN & CRAFTS

- ↪ All artisan & craft products must be handmade and created by the vendor or by members of the vendor’s group. We reserve the right to visit production facilities.
- ↪ The artisan or a knowledgeable representative should be present on Market day.
- ↪ Heritage or Primitive arts and crafts are encouraged.
- ↪ **All items offered for sale by art & craft vendors are subject to the approval of the Market Manager.**

Acceptable Art & Craft Products

Weaving, pottery, carvings, sculpture, photography, painting, and drawing or other forms of illustration, floral arrangements produced by the vendor or vendor’s group are considered acceptable for sale at the market.

Unacceptable Art Products

“Kit” or “Assembly Line” craft projects, etc. are unacceptable for sale at the market.

SPACE AND RENTAL INFORMATION

Seasonal and Daily Rates

Daily rates must be scheduled and prepaid – walk in daily rates must be paid prior to set up. Seasonal rates may be paid in installments. If the seasonal fee is paid in installments, at least 1/2 of the seasonal rental fee listed below must be paid at time of application to reserve the selected or assigned space. The remainder of the fee must be paid not later than the first Market day in July 2019. This applies to ALL vendors.

PRODUCE VENDOR SPACES

10 x 30 Vehicle Stall -- \$180 full season (May 4 – November 2)
10 x 30 Vehicle Daily Stall -- \$25 first week, then pro-rated for the seasonal rate

ARTISAN AND CRAFT VENDOR SPACES

10 x 30 Vehicle Stall -- \$180 full season (May 4 – November 2)
10 x 10 Stall (no vehicle) -- \$85 full season (May 4 – November 2)
10 x 10 Daily Stall -- \$8/day (Select dates & pay upfront)

***If produce, baked goods, jams, jellies, plants, eggs, etc. are offered for sale by artisan and craft vendors, then the rates listed for produce & food vendors apply.**

FOOD TRUCKS

\$20/week

Food trucks must be in compliance with City of Belleville Regulations.
Please contact the City Clerk at 233-6810 for information.

COMMERCIAL BUSINESS

\$40/week

One Commercial business is welcome each week; appropriate handouts are welcome.
Do a children's activity and we will discount to \$30!

NON-PROFIT GROUPS

Charitable, non-profit groups may receive a single space free once per month for a maximum of 2 months.
If produce, baked goods, jams, jellies, plants, eggs, etc. are offered for sale by artisan and crafts vendors, then the rates listed for produce vendors apply.

PROGRAMS for CHILDREN

Groups interested in hosting a children's activities table for a week may do so free of charge
by contacting Alicia Slocomb at 618-233-2015.

We will be hosting children's activities primarily on the 2nd Saturday of the month.

We cannot offer reimbursement but can publicize your group as compensation.

- Space may be rented on either a seasonal or daily basis; however, seasonal rentals have preference.
- Seasonal space is reserved for the duration of the season and requires pre-payment.
- Daily spaces may be reserved but must be scheduled and prepaid, if more than 4 dates planned.

First come, first serve daily space may be available on the day of the Market for "walk in" vendors, but this is not guaranteed. All "walk in" vendors must complete the Vendor Application, be approved by the Market Manager, and pay the appropriate fee before setting up.

Please complete and provide the attached form and your fee (check or money order made payable to Belleville Main Street) by mail to:

**Old Town Market
Attention: Alicia Slocomb
216 East A Street
Belleville IL 62220**

VENDOR COPY

VENDOR APPLICATION FOR OLD TOWN MARKET

A vendor may be an individual, a family, a group, or an organization

2019 Season – Every Saturday May 4 – November 2 **27 Week Season**
Set-up: - 6:30-7:30 am Sales Hours: 7:30 am – 12 pm

PRODUCE VENDOR SPACES

- 10 x 30 Vehicle Stall -- \$180 full season (May 5 – November 3)
- 10 x 30 Vehicle Daily Stall -- \$25 first week, then pro-rated for the seasonal rate

ARTISAN AND CRAFT VENDOR SPACES

- 10 x 30 Vehicle Stall -- \$180 full season (May 6 – November 4)
- 10 x 10 Stall (no vehicle) -- \$85 full season (May 6 – November 4)
- 10 x 10 Daily Stall -- \$8/day (Select dates & pay upfront)

NON-PROFIT GROUPS – 1 free date per month for a maximum of two months

CHILDREN’S ACTIVITY TABLE - FREE – PUBLICITY FOR YOUR GROUP

FOOD TRUCK - \$20/ WEEK

COMMERCIAL BUSINESS - \$40/WEEK; \$30 WITH CHILDREN’S ACTIVITY

Circle Market Dates When You Plan to Attend:

May: 4, 11, 18, 25 June: 1, 8, 15, 22, 29 July: 6, 13, 20, 27
August: 3, 10, 17, 24, 31 Sept: 7, 14, 21, 28 Oct: 5, 12, 19, 26 Nov: 2

*****PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE*****

Product (s) I (we) plan to sell: _____

(Items offered for sale by art & craft vendors are subject to the approval of the Market Manager.)

Amount of Check \$ _____ Money Order \$ _____ Cash \$ _____ Provided with application.

Print Name of Individual or Group: _____

Contact Person: _____

Address: (STREET,CITY) _____ ZIP _____

Best Phone: (____) _____ - _____ E-mail: _____

I (We) plan to participate in the Illinois Farmers Market Nutrition Program __ Yes __ No
I (we) have received and will comply with all the rules and regulations of the market. ____ Yes

Signature: _____

Please provide this form and your fee (check or money order made payable to Belleville Main Street or cash) by mail or personally to:

Old Town Market Attention: Alicia Slocomb
216 East A Street
Belleville, IL 62220
618-233-2015 - bms@bellevillechamber.org

MARKET COPY

VENDOR APPLICATION FOR OLD TOWN MARKET

A vendor may be an individual, a family, a group, or an organization

2019 Season – Every Saturday May 4 – November 2 **27 Week Season**
Set-up: - 6:30-7:30 am Sales Hours: 7:30 am – 12 pm

PRODUCE VENDOR SPACES

- 10 x 30 Vehicle Stall -- \$180 full season (May 5 – November 3)
- 10 x 30 Vehicle Daily Stall -- \$25 first week, then pro-rated for the seasonal rate

ARTISAN AND CRAFT VENDOR SPACES

- 10 x 30 Vehicle Stall -- \$180 full season (May 6 – November 4)
- 10 x 10 Stall (no vehicle) -- \$85 full season (May 6 – November 4)
- 10 x10 Daily Stall -- \$8/day (Select dates & pay upfront)

NON-PROFIT GROUPS – 1 free date per month for a maximum of two months

CHILDREN’S ACTIVITY TABLE - FREE – PUBLICITY FOR YOUR GROUP

FOOD TRUCK - \$20/ WEEK

COMMERCIAL BUSINESS - \$40/WEEK; \$30 WITH CHILDREN’S ACTIVITY

Circle Market Dates When You Plan to Attend:

May: 4, 11, 18, 25 June: 1, 8, 15, 22, 29 July: 6, 13, 20, 27
August: 3, 10, 17, 24, 31 Sept: 7, 14, 21, 28 Oct: 5, 12, 19, 26 Nov: 2

PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE

Product (s) I (we) plan to sell: _____

(Items offered for sale by art & craft vendors are subject to the approval of the Market Manager.)

Amount of Check \$ _____ Money Order \$ _____ Cash \$ _____ Provided with application.

Print Name of Individual or Group: _____

Contact Person: _____

Address: (STREET,CITY) _____ ZIP _____

Best Phone: (____) _____ - _____ E-mail: _____

I (We) plan to participate in the Illinois Farmers Market Nutrition Program __ Yes __ No

I (we) have received and will comply with all the rules and regulations of the market. ____ Yes

Signature: _____

Please provide this form and your fee (check or money order made payable to Belleville Main Street or cash) by mail or personally to:

Old Town Market Attention: Alicia Slocomb
216 East A Street
Belleville, IL 62220
618-233-2015 - bms@bellevillechamber.org

Illinois Department of Revenue
ST-1 Sales and Use Tax and E911 Surcharge Return

REV 08 FORM 002
 E S
 NS CA RC

Account ID _____ This form is for: _____
 (Reporting period)

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
 (invoiced and delivered) _____

Step 2: Taxable Receipts

- 1** Total receipts (Include tax.) **1** _____
- 2** Deductions - **include tax collected**
 (From Schedule A, Line 30.) **2** _____
- 3** Taxable receipts
 (Subtract Line 2 from Line 1.) **3** _____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____ x _____ = **4b** _____
 (rate)

Food, drugs, and medical appliances

5a _____ x _____ = **5b** _____
 (rate)

Sales from locations outside Illinois

General merchandise

6a _____ x .0625 = **6b** _____

Food, drugs, and medical appliances

7a _____ x .01 = **7b** _____

Sales at prior rates

Receipts taxed at other rates

8a _____ x _____ = **8b** _____
 (rate)

9 Tax due on receipts
 (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____

Step 4: Retailer's Discount and Net Tax on Receipts

10 Retailer's discount - If qualified,
 multiply Line 9 by 1.75% (.0175).
 (See instructions.) **10** _____

11 Net tax due on receipts
 (Subtract Line 10 from Line 9.) **11** _____

Step 5: Tax on Purchases

General merchandise

12a _____ x .0625 = **12b** _____

Food, drugs, and medical appliances

13a _____ x .01 = **13b** _____

Purchases at other rates

14a _____ **14b** _____

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) **15** _____

Step 6: Net Tax Due

16 Tax due from receipts and purchases
 (Add Lines 11 and 15.) **16** _____

16a Manufacturer's Purchase Credit

16a _____

17 Prepaid sales tax

(Attach PST-2 copy A.) **17** _____

18 Quarter-monthly (accelerated)

payments **18** _____

19 Total prepayments

(Add Lines 16a, 17, and 18.) **19** _____

20 Net tax due

(Subtract Line 19 from Line 16.) **20** _____

Step 7: Payment Due

21 E911 Surcharge and ITAC Assessment
 (From Schedule B, Line 10.) **21** _____

22 Excess tax, surcharge, and
 assessment collected (See instructions.) **22** _____

23 Total tax, surcharge, and assessment
 due (Add Lines 20, 21, and 22.) **23** _____

24 Credit amount
 (See instructions.) **24** _____

25 Payment due
 (Subtract Line 24 from Line 23.) **25** _____

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

Taxpayer _____ Phone _____ Date ____/____/____

Preparer _____ Phone _____ Date ____/____/____

ST-1 (R-10/18)

Use this form **only** if a preprinted form is not available.

Owner's name _____

Business name _____

Business address _____

Mailing address _____

Make your payment to

ILLINOIS DEPARTMENT OF REVENUE
 RETAILERS' OCCUPATION TAX
 SPRINGFIELD IL 62796-0001

Printed by authority of the State of Illinois
 - Web only, one copy



Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service	1	_____	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____	_____
3	E911 Surcharge and ITAC Assessment collected	3	_____	_____
4	Resale	• 4	_____	_____
5	Interstate commerce	• 5	_____	_____
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include deduction for graphic arts.	• 6	_____	_____
7	Farm machinery and equipment	• 7	_____	_____
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	• 8	_____	_____
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	_____	_____
10	Enterprise zone			
	a Sales of building materials	• 10a	_____	_____
	b Sales of items other than building materials	• 10b	_____	_____
11	High impact business			
	a Sales of building materials	• 11a	_____	_____
	b Sales of items other than building materials	• 11b	_____	_____
12	River edge redevelopment zone building materials	• 12	_____	_____
13	Exempt organizations	• 13	_____	_____
14	Uncollectible debt on which tax was previously paid	• 14	_____	_____
15	Sales of service - Identify here: _____	15	_____	_____
16	Other (including cash refunds, newspapers and magazines, etc.) - Identify below.	16	_____	_____
17	Total Section 1 deductions. Add Lines 1 through 16.	17	_____	_____

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

<u>State motor fuel tax</u>		<u>Number of gallons/DGEs/GGEs</u>		<u>Rate</u>		
18	Gasoline	18a	_____	x	19¢	= 18b _____
19	Gasohol and majority blended ethanol	19a	_____	x	19¢	= 19b _____
20	Diesel (including biodiesel and biodiesel blends)	20a	_____	x	21.5¢	= 20b _____
21	Dieselhol and other fuels at 21.5¢	21a	_____	x	21.5¢	= 21b _____
22	Liquefied natural gas and liquefied petroleum gas	22a	_____	x	21.5¢	= 22b _____
23	Compressed natural gas and other fuels at 19¢	23a	_____	x	19¢	= 23b _____
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>		<u>Percentage</u>		
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a	_____	x	20% (.20)	= 24b _____
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a	_____	x	100% (1.00)	= 25b _____
26	100 percent biodiesel	26a	_____	x	100% (1.00)	= 26b _____
27	Majority blended ethanol fuel	27a	_____	x	100% (1.00)	= 27b _____
28	Other motor fuel deductions _____					28 _____
29	Total Section 2 deductions. Add Lines 18b through 28.	29	_____			_____

Section 3: Total deductions

30	Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return.	30	_____	_____
----	--	----	-------	-------

Schedule B — E911 Surcharge and ITAC Assessment

Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1	_____	_____
Figure your breakdown of retail transactions for <u>Chicago</u> locations				
2	For Chicago locations	2a	_____	x _____ = 2b _____
3	For Chicago locations at prior rates	3a	_____	x _____ = 3b _____
4	Total for Chicago locations. Add Lines 2b and 3b.	4	_____	_____
Figure your breakdown of retail transactions for <u>non-Chicago</u> locations				
5	For non-Chicago locations	5a	_____	x _____ = 5b _____
6	For non-Chicago locations at prior rates	6a	_____	x _____ = 6b _____
7	Total for non-Chicago locations. Add Lines 5b and 6b.	7	_____	_____
Figure your net E911 Surcharge and ITAC Assessment				
8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	_____	_____
9	Discount - If you qualify, multiply Line 8 by 3% (.03). See instructions.	9	_____	_____
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	10	_____	_____

