



## Lake Zurich Area Farmers Market **2026 PET RESCUE**

Applicant Name(s) \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Non-profit pet rescue participation is free at our market. We only have space to allow one organization to be present at each market. We are asking rescues to provide first preference and second preference on dates listed below. (Limited to one market per season unless space becomes available):

Please indicate first, second and third choice: \_\_\_\_\_

June 5	July 3	August 7	September 4
June 12	July 10	August 14	September 11
June 19	July 17	August 21	
June 26	July 24	August 28	
	July 31		

Please provide a brief description of your organization and any fundraising items you will have for sale at our market:

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Electricity will not be available.

# WAIVER AND HOLD HARMLESS AGREEMENT



Yes, I would like to participate in the 2026 Lake Zurich Farmers Market events, and hereby agree to sell or offer for sale at the Village of Lake Zurich Farmers Market events only such items which are listed on the application.

I/We swear that all information is correct and complete to the best of my/our knowledge. I/We at this moment affirm that I/we have read and understand the RULES OF OPERATION and agree to abide by all rules that have been established for the operation of the Lake Zurich Farmers Market events. I/We acknowledge full responsibility for all activities and conduct. I/We further acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold the Village of Lake Zurich harmless and to indemnify the Village of Lake Zurich from any and all claims arising under this permit. I/We also affirm that I/we carry an insurance policy that will protect against liability and that I/we shall carry proof of said insurance when attending the Village of Lake Zurich Farmers Market events. Enclosed with this is my completed application.

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Applicants Signature

Date

Mail completed application (or may be faxed to 847-380-5471 or e-mailed to [marisa.boynton@lakezurich.org](mailto:marisa.boynton@lakezurich.org)) :

Village of Lake Zurich  
200 S. Rand Road  
Lake Zurich, Illinois 60047  
Attn: Marisa Boynton, Recreation Supervisor

For Office Use Only:

Date Registration Received

Hold Harmless

# We want to market **YOUR BUSINESS!**



It is important to the Village of Lake Zurich to provide as much exposure and promotions of our market vendors as possible. Please help us to do so by submitting the following information:

\* Website: \_\_\_\_\_

\* Social Media: \_\_\_\_\_

Please provide a bio on your business and products you sell; what is unique about your product(s):

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If you have another type of product, please provide a "Did you know" fact or tip or trick regarding the nature of your business:

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Other local markets you are involved with this season:

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Videos and photos are especially appreciated!  
Please send photos via email in jpeg format to  
[marisa.boynton@lakezurich.org](mailto:marisa.boynton@lakezurich.org)