



Tuesdays 4:00 - 7:00 pm
June 2nd - September 1st
(No market on July 14th)

*** JERSEYVILLE CITY CENTER PLAZA ***
(NEXT TO GERMANIA BREW HAUS)
403 N. STATE ST, JERSEYVILLE



For more information visit
www.jcba-il.us/market or call the
JCBA at 618.639.5222.



JERSEY CO. FARMERS & ARTISAN MARKET 2026 VENDOR REGISTRATION

PLEASE RETURN THIS FORM **AT LEAST ONE DAY PRIOR TO THE FIRST MARKET YOU WISH TO ATTEND** TO THE JCBA VIA EMAIL - MARKET@JCBA-IL.US
OR IN PERSON/USPS - 209 N STATE ST, JERSEYVILLE, IL 62052.

BOOTH PRE-PAYMENT BY CASH, PERSONAL CHECK, OR (PREFERRED) ONLINE AT WWW.JCBA-IL.US ALSO MUST BE MADE **AT LEAST ONE DAY PRIOR TO THE MARKET YOU WISH TO ATTEND** TO CONFIRM YOUR SPOT AND BE INCLUDED IN OUR WEEKLY VENDOR LISTING ON SOCIAL MEDIA.

2026 BOOTH FEES ARE \$50/SEASON OR \$10/WEEK FOR A SINGLE 10X27 SPOT
OR \$80/SEASON OR \$15/WEEK FOR A 20X27 DOUBLE SPOT.

Vendor / Business Name

Address

Contact Person

Phone

Email

Social Media Info

Type of Sales (Please check and describe all that apply):

- Fresh Produce (whole and uncut) - _____
- Cut Foods (Jams, Baked Goods, Salsa, Etc.) - _____
- Handcrafted Items (Non-food) - _____
- Egg Sales - _____
- Non-Vendor Participant - _____
- Entertainment - _____
- Other - _____

Please help us keep this a TRUE Farmers & Artisan Market - everything you sell must be homegrown or handmade BY YOU! Thank you for your participation & support!

For more information please call the JCBA at 618.639.5222.



JERSEY CO FARMERS & ARTISAN MARKET 2026 VENDOR AGREEMENT

I, the undersigned representative of _____ (**Vendor's Business Name**), understand and acknowledge that the activities my vendor business is about to voluntarily engage in as a participant have certain unknown and unanticipated risks associated with them. In the event the members of my vendor business are injured or become ill while participating in this activity, I understand and agree that I will accept responsibility for any medical bills, including co-payments and deductibles. In the event my vendor business's property is damaged as a result of participating in this activity I will not seek reimbursement from Jersey County Business Association, City of Jerseyville, or any local partners. In the event that while participating in this activity I or others in my vendor business cause harm to another person or another person's property I accept sole responsibility for our actions. I understand and accept the risks; I understand and agree to abide by the code of conduct; and I accept responsibility for injury to ourselves; our own property; and harm to others that we have caused.

I also grant permission for Jersey County Business Association and local partners to use photographs taken during the Market for promotional purposes.

I have read, understand and agree to comply with the 2026 Vendor Policies.

Vendor Business Name

Printed Name of Vendor Business Representative

Signature of Vendor Business Representative

Date