



Shawano Farmer's Market VENDOR APPLICATION

Instructions and Application

Thank you for your interest in becoming a vendor at the Shawano Farmers' Market. Your application will be considered on a first come basis for full season vendor spaces. Partial season or weekly vendors should submit an application a minimum of a week in advance. Please read and follow the instructions below.

1. Please read the Shawano Farmers' Market Rules before completing this application. By submitting this application, you agree to all of the Market Rules. (*Vendor Rules are attached*)
2. Please fill out application completely. Forms that are not filled out completely will not be considered.
3. Please send any brochures, pictures, business cards or descriptions of any items you wish to sell. If you wish to sell crafts, you must include representative pictures of the crafts you will be selling.
4. This is mainly a market for farmers' products. A limited amount of craft vendors will be accepted and must be approved by the craft vendor committee.
5. Vendors must be at the Market from opening to closing.
6. No refunds will be issued.
7. You are responsible for obtaining all required license and permits, complying with all rules and regulations, including Department of Health, regarding sale of your products, and collecting required sales taxes.

Return this application to:

Shawano Farmer's Market
Attn: Vendor Selection Committee
127 S. Sawyer Street
Shawano, Wisconsin 54166
Phone: 715-851-0308

Spaces are limited so please return applications as soon as possible. You will be notified by phone or by mail regarding the acceptance or rejection of your application.

Shawano Farmers Market Vendor Application

Farm or Business Name: _____

Name of Owner or Owners: _____

Email address: _____

Website Address: _____

Mailing Address: street: _____

City: _____ ST: ____ Zip: _____

Contact person if different from Owner: _____

Street Address of Farm or Business if different from mailing address:

Phone: (____) _____ — _____ Cell: (____) _____ — _____

If you will be partnering with another local farmer or farmers, please indicate additional names, addresses and phone numbers.

Business Name: _____

Owner Name: _____

Email address: _____

Mailing Address: City: _____ ST: ____ Zip: _____

Phone: (____) _____ — _____ Cell: (____) _____ — _____

Products Available

Please check all items you anticipate selling at the Market:

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Beans | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Cut Flowers |
| <input type="checkbox"/> Cut Flowers | <input type="checkbox"/> Eggs | <input type="checkbox"/> Salad Greens | <input type="checkbox"/> Plants/ Shrubs |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Pumpkins/Gourds | <input type="checkbox"/> Squash | <input type="checkbox"/> Meats |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Herbs | <input type="checkbox"/> Berries | <input type="checkbox"/> Specialty Foods |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Melons | <input type="checkbox"/> Dairy | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Tomatoes | <input type="checkbox"/> Organic Vegetables | <input type="checkbox"/> Cheese | |
| <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Peppers | <input type="checkbox"/> Baked Goods | |
| <input type="checkbox"/> Other (<i>please describe</i>) _____ | | | |

Space Reservation

Each stall will be 12' x 12'. Number of stalls requested: _____

DATES FOR MARKET IN 2010 JUNE 19 – OCT. 9 :

Number of weeks:	Rate	x	No. Weeks	x	No. Stalls	=	Amount Due
<input type="checkbox"/> Full season:	\$7.50	x	17	x	_____	=	\$ _____ (1full season= \$127.50)
<input type="checkbox"/> Partial Season:	\$10.50	x	_____	x	_____	=	\$ _____
			(Minimum 4 consecutive weeks)		date of First week: _____		
<input type="checkbox"/> Weekly:	\$15	x	_____	x	_____	=	\$ _____
Dates: _____							
<input type="checkbox"/> Electricity:	\$2	x	_____	x	1	=	\$ _____
Total Due:							\$ _____

The information given in this application is true and I agree to abide by the Market Rules, which I have fully read and understand. (*Vendor Rules are available on the Shawano Farmers Market website under documents, at: www.shawanofarmersmarket.org*)

By signing this Vendor Application, I release the City of Shawano, its employees, agents, representatives, volunteers working at the Market, and the owner of the land on which the Market is located from all liability whatsoever for claims of loss, damage or injury to myself, my merchandise, or my employees.

Signature: _____

Print Name: _____

Date: _____