

# OSHKOSH FARMERS MARKET - 2017-18 WINTER

## 2017 Farmers Market Bazaar ~ Oshkosh Convention Center

Business Name (if applicable) \_\_\_\_\_

Vendor Name(s) \_\_\_\_\_

*(If other vendors, who are not immediate family members, are sharing this space; their names must also be listed)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_  Certificate of Insurance must be attached

**Check all of the items you plan to sell (Anything not listed may not be sold until approved by the Executive Directors)**

- Honey  Syrups  Vegetables/Herbs  Fruits  Meats  Cheese  Poultry  Eggs  Seafood  Pickles  Preserves  Other

**On the back of this application draw a map and/or give us written instructions as to exactly where these items are grown and/or processed.**

If your own scale is certified in Oshkosh or Appleton, list the date it was certified: \_\_\_\_\_

If you need to rent one of our group scales for \$2.00/week fill in Line 2 below.

- Handmade Crafts  Cut Flowers  Potted Plants  Seedlings  Books  Photos  Baked Goods  Candy  Other

**Describe your products** \_\_\_\_\_

Wisconsin Sellers Permit (Tax Account Number) is required if your total sales (*not profits*), at all venues, reach \$1,000.00 annually.

Tax Number is # \_\_\_\_\_

- Dec 2       Dec 9       Dec 16

1	I need 1 - 8 ft table spaces @ \$100.00/ea for _____ weeks .....	\$ _____ .00
	and	
2	I need to rent a Market owned scale @ \$2.00 per week .....	+ \$ _____ .00
	and	
3	I need an electrical hook-up @ \$10.00 per week for _____ weeks .....	+ \$ _____ .00
	<b>Add lines 1, 2 &amp; 3 and enclose that amount</b> .....	= \$ _____ .00

Make check payable to OSFMI and send check, completed application and proof of liability insurance to:

**Oshkosh Farmers Markets, c/o Karlene Leatherman, 518 W Gruenwald Ave., Oshkosh WI 54901-2235**

**Questions? Read the application introduction, then contact**

Karlene or Dennis Leatherman, Executive Directors, 920 252 2533 or 920 252 2532 or [osfminc@sbcglobal.net](mailto:osfminc@sbcglobal.net)

*I have read the Policies regarding the Oshkosh Saturday Farmers Market Inc. and I understand and agree to follow these Policies. I release the City of Oshkosh, Oshkosh Convention Center and the Oshkosh Saturday Farmers Market Board of Directors and volunteers from any liability whatsoever for theft, damages, litigation, prosecution, illegal sales practices, injury or loss of any kind associated with the Oshkosh Saturday Farmers Market Inc.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_