

OSHKOSH FARMERS MARKET - 2017-18 WINTER

2017-18 Winter Market NEW Vendor Application

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 # _____

Check all of the dates you plan to attend: **(VERY LIMITED MIXING OF PLANS WILL BE PERMITTED)** Weekly = \$30.00/week

<input type="checkbox"/> Plan I	<input type="checkbox"/> Nov 4	<input checked="" type="checkbox"/> Dec 2 (OCC)	<input type="checkbox"/> Jan 13	<input type="checkbox"/> Feb 10	<input type="checkbox"/> Mar 10	<input type="checkbox"/> Apr 7
	<input type="checkbox"/> Nov 18	<input checked="" type="checkbox"/> Dec 16 (OCC)	<input type="checkbox"/> Jan 27	<input type="checkbox"/> Feb 24	<input type="checkbox"/> Mar 24	<input type="checkbox"/> Apr 21
Half Season = 12 weeks @ \$165.00		Dec 30				

<input type="checkbox"/> Plan II	<input type="checkbox"/> Nov 11	<input checked="" type="checkbox"/> Dec 9 (OCC)	<input type="checkbox"/> Jan 6	<input type="checkbox"/> Feb 3	<input type="checkbox"/> Mar 3	<input type="checkbox"/> Apr 14
	Nov 25	Dec 23	<input type="checkbox"/> Jan 20	<input type="checkbox"/> Feb 17	<input type="checkbox"/> Mar 17	<input type="checkbox"/> Apr 28
Half Season = 10 weeks @ \$135.00					Mar 31	

Plan III ~ I will accept Plan I or Plan II **Plan IV ~ I would like Plan I AND Plan 2**

1(a) I need _____ 6 ft table spaces – Half/Full Season (Plan I and/or Plan II) space(s) @ \$165.00 and/or \$135.00 \$ _____ .00

or

1(b) I need _____ 6 ft table spaces - Weekly space(s) @ \$30.00 for _____ weeks + \$ _____ .00

and

**** The December markets will be held at the Oshkosh Convention Center.**

1(c) I need 1 - 8 ft table space (OCC) - Weekly space(s) @ \$50.00 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 @ \$1.00 (MMS) \$10.00 (OCC) per week for _____ weeks + \$ _____ .00

Add line 1(a) or 1(b) and lines 2 & 3 and enclose that amount = \$ _____ .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@sbglobal.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, Merrill Middle School, Oshkosh Area School District 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: _____