



OSHKOSH FARMERS MARKET - DOWNTOWN

2017 Summer Market **Non-Agricultural/Prepared Food 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 attached

Describe what you plan on vending. Use reverse for additional room. *(Anything not listed may not be sold until approved by the Market Managers)*

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

Non-Agricultural or Non-Food vendors may only vend on alternate Saturdays. Select **Plan I**, **Plan II**, or **Plan III** and check the dates **within that plan** that you wish to vend:

- | | | | | | |
|---|----------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Plan I | <input type="checkbox"/> June 3 | <input type="checkbox"/> July 1 | <input type="checkbox"/> Aug 12 | <input type="checkbox"/> Sept 9 | <input type="checkbox"/> Oct 7 |
| | <input type="checkbox"/> June 17 | <input type="checkbox"/> July 15 | <input type="checkbox"/> Aug 26 | <input type="checkbox"/> Sept 23 | <input type="checkbox"/> Oct 21 |
| | | <input type="checkbox"/> July 29 | | | |
| <input type="checkbox"/> Plan II | <input type="checkbox"/> June 10 | <input type="checkbox"/> July 8 | <input type="checkbox"/> Aug 5 | <input type="checkbox"/> Sept 2 | <input type="checkbox"/> Oct 14 |
| | <input type="checkbox"/> June 24 | <input type="checkbox"/> July 22 | <input type="checkbox"/> Aug 19 | <input type="checkbox"/> Sept 16 | <input type="checkbox"/> Oct 28 |
| | | | | <input type="checkbox"/> Sept 30 | |

Plan III I will accept either **Plan I** or **Plan II**, at the Managers' discretion.

Checking more than 6 days in either **Plan I** or **Plan II** is the Partial Season (\$150.00) rate; checking less than 7 days is the Weekly (\$30.00) rate.

1(a) I need (maximum of 5*) _____ 10' x 10' Partial Season space(s) @ \$150.00 each \$ _____ .00

or

1(b) I need (maximum of 5*) _____ 10' x 10' Weekly space(s) @ \$30.00 each for _____ weeks \$ _____ .00

* Since I am renting more than 2 spaces I will be parking my vehicle in my space and need to have the driver passenger side toward the customers/streetway.

2 I need an electrical hook-up @ \$1.00 weekly for _____ weeks \$ _____ .00

Add line 1(a) or 1(b) and Line 2 and enclose that amount \$ _____ .00

Make check payable to OSFMI and send to:

Oshkosh Saturday Farmers Market Inc, % Karlene & Dennis Leatherman, 518 W Gruenwald Ave, Oshkosh WI 54901-2235

Use the back of this application to request special consideration (e.g.; open flames, oil cooking, or location choice) that we should try to address.

I have read the Summer Policies and the Application Introduction regarding the Oshkosh Saturday Farmers Market and I understand and agree to follow those policies and instructions. I release the City of Oshkosh 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: _____

On the back of this application draw a map or give us written instructions as to exactly where your products are made.