

# OSHKOSH SATURDAY FARMERS MARKET, INC.

## Summer Market New Vendor Application 2019

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 \_\_\_\_\_ Market Day Contact and cell phone \_\_\_\_\_

E-mail \_\_\_\_\_  **Certificate of Insurance MUST be attached**

Agriculture Vendor - Check all of the items you plan to sell (Anything not listed may not be sold until approved by the Market Managers)

Honey  Syrups  Vegetables  Fruits  Meals  Cheeses  Poultry  Eggs

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

Cut Flowers  Potted Plants  Pickles  Preserves  Prepared Food  Dried Herbs  Other

**Describe your products on the back of this sheet.**

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-food or Prepared-Food or Craft Vendor - Describe what you plan on vending. Use reverse side for additional room.

(Anything not listed may not be sold until approved by the Market Manager)

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

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

Check all of the dates you plan to attend: More than 11 is the Full Season (\$330.00) rate; less than 12 is the Partial Season (\$165.00) rate.

<input type="checkbox"/> June 1	<input type="checkbox"/> July 6	<input type="checkbox"/> Aug 3	<input type="checkbox"/> Sept 7	<input type="checkbox"/> Oct 5
<input type="checkbox"/> June 8	<input type="checkbox"/> July 13	<input type="checkbox"/> Aug 10	<input type="checkbox"/> Sept 14	<input type="checkbox"/> Oct 12 Plan A is in Blue.
<input type="checkbox"/> June 15	<input type="checkbox"/> July 20	<input type="checkbox"/> Aug 17	<input type="checkbox"/> Sept 21	<input type="checkbox"/> Oct 19 Plan B is in black.
<input type="checkbox"/> June 22	<input type="checkbox"/> July 27	<input type="checkbox"/> Aug 24	<input type="checkbox"/> Sept 28	<input type="checkbox"/> Oct 26
<input type="checkbox"/> June 29		<input type="checkbox"/> Aug 31		

1(a) I need \_\_\_\_\_ 10' x 10' Full Season space(s) @ \$330.00 each ..... \$ \_\_\_\_\_ .00

1(b) I need \_\_\_\_\_ 10' x 10' Partial Season space(s) @ \$165.00 each ..... \$ \_\_\_\_\_ .00

1(c) I need \_\_\_\_\_ 10' x 10' Single Day Vendor Spaces @ \$35.00 each ..... \$ \_\_\_\_\_ .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 to rent a Market owned scale @ \$4.00 per day. I need a scale \_\_\_\_\_ days ..... \$ \_\_\_\_\_ .00

3 I need an electrical hook-up @ \$22.00 for the full season or \$1.00 per week for \_\_\_\_\_ weeks ..... \$ \_\_\_\_\_ .00

Add line 1(a), (b) or (c) and Lines 2 & 3 and enclose that amount ..... \$ \_\_\_\_\_ .00

**Make check payable to OSFMI and send to:**

**Oshkosh Saturday Farmers Market Inc, PO Box 1201, Oshkosh WI 54903-1201**

**PLEASE NOTE NEW MAILING ADDRESS**

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 the 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 grown or prepared.**