

MARKET IN THE PARK

2017 Wednesday Market ~ 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

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 Meats 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 _____

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:

Plan 1: July 19 Aug 2 Aug 16 Aug 30 Sept 13 Sept 27 = \$60.00

Plan 2: July 26 Aug 9 Aug 23 Sept 6 Sept 20 = \$50.00

Plan 3: Either Plan 1 or Plan 2

Plan 4: Both Plan 1 & Plan 2 = \$110.00

1(a) I need 1 (one) 11' x 30' **Full** Season space (includes vehicle parking) @ \$110.00 \$00

or
1(b) I need 1 (one) 11' x 30' **Half** Season space (includes vehicle parking) @ (\$60/\$50) \$00

or
1(c) I need 1 (one) 11' x 30' **Weekly** space (includes vehicle parking) @ \$10.00 each for _____ weeks \$00

2 I need to rent a Market owned scale @ \$2.00 per week for _____ weeks \$00

3 I need an electrical hook-up @ \$1.00 per week for _____ weeks . (prepared food only / shelter). \$00

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

Make check payable to OSFMI and send to:

Oshkosh Farmers Market, c/o Karlene 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 Policies and the Application Introduction regarding Market in the Park and I understand and agree to follow those policies and instructions. I release the City of Oshkosh, Oshkosh Parks Department 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 grown or prepared.



Market in the Park is sponsored by the Oshkosh Rotary Clubs (eClub, Downtown, Southwest)