

MARKET IN THE PARK

2019 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 _____

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

<input type="checkbox"/> Honey <input type="checkbox"/> Syrups <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Meats <input type="checkbox"/> Cheeses <input type="checkbox"/> Poultry <input type="checkbox"/> Eggs If your own scale is certified in Oshkosh or Appleton, list the date it was certified: _____
<input type="checkbox"/> Cut Flowers <input type="checkbox"/> Potted Plants <input type="checkbox"/> Pickles <input type="checkbox"/> Preserves <input type="checkbox"/> Prepared Food <input type="checkbox"/> Dried Herbs <input type="checkbox"/> Other Describe your products _____ Wisconsin Sellers Permit (Tax Account Number) is required when your total sales (<i>not profits</i>), at all venues, reach \$1,000.00. Tax Number is # _____

Check all of the dates you plan to attend:

Plan 1: July 17 July 31 Aug 14 Aug 28 Sept 11 = \$100.00

Plan 2: July 24 Aug 7 Aug 21 Sept 4 Sept 18 = \$100.00

Plan 3: Either Plan 1 or Plan 2

Plan 4: Both Plan 1 & Plan 2 = \$200.00

1(a) I need 1 (one) 10'x10' **Full** Season space (includes vehicle parking in lot) @ \$200.00 \$ _____ .00

or

1(b) I need 1 (one) 10'x 10' **Half** Season space (includes vehicle parking in lot) @ (\$100) \$ _____ .00

or

1(c) I need 1 (one) 10' x 10' **Weekly** space (includes vehicle parking in lot) @ \$35.00 each for _____ weeks \$ _____ .00

Add line 1(a) or 1(b) or 1(c) and pay this amount \$ _____ .00

Make check payable to OSFMI and send to: Oshkosh Farmers Market, PO Box 1201, Oshkosh WI 54903-1201
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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: _____