



2017 Delafield Farmer's Market Application

P.O. Box 180232 • Delafield, Wisconsin 53018



Please complete and sign this application, then return to above address in care of the Market Manager.

If you have any questions, please contact the Market Manager at 262/719-3848, or at delafieldmarket@gmail.com.

Name: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Address where your produce is grown: (must be filled out to be considered for acceptance by the Farmer's Market Manager)

Phone: _____

Email Address: _____

Website URL (Address): _____

Please list the specific items to be sold. All vendors will be chosen based upon products sold to ensure a good mix of vendor offerings:

*** Please note:** Along with your application, you must provide copies of all licensing required by the State of Wisconsin and Waukesha County.

- WI Form S-240, Part C, Page 1 (Required by ALL vendors)
- Sales Permit
- Food Processor (Retail) License for baked, canned, or prepared food and for eggs
- Nursery Grower License for perennial plants, trees, and shrubs
- Mobile or Temporary Food Establishment License
- Certificate of Insurance

How would you mostly characterize the kind of Vendor category that you would fit into; Please check all that apply:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Produce | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Art | <input type="checkbox"/> Hot Food |
| <input type="checkbox"/> Craft | <input type="checkbox"/> Cold Food |

Do you plan to attend and sell at the Market every Saturday? The 2017 Season runs from May 13, 2017 through October 14, 2017. Yes No If not; please put a check mark signifying the dates that you plan on being there:

<input type="checkbox"/> May 13	<input type="checkbox"/> June 3	<input type="checkbox"/> July 1	<input type="checkbox"/> Aug 5	<input type="checkbox"/> Sept 2	<input type="checkbox"/> Oct 7
<input type="checkbox"/> May 20	<input type="checkbox"/> June 10	<input type="checkbox"/> July 8	<input type="checkbox"/> Aug 12	<input type="checkbox"/> Sept 9	<input type="checkbox"/> Oct 14
<input type="checkbox"/> May 27	<input type="checkbox"/> June 17	<input type="checkbox"/> July 15	<input type="checkbox"/> Aug 19	<input type="checkbox"/> Sept 16	
	<input type="checkbox"/> June 24	<input type="checkbox"/> July 22	<input type="checkbox"/> Aug 26	<input type="checkbox"/> Sept 23	
		<input type="checkbox"/> July 29		<input type="checkbox"/> Sept 30	

How many vendor stalls are you applying for? _____ A single vendor stall is approximately 9'6" to 10' in width.

Whole Season Rate: \$100 per stall ---- Maximum: 2 stalls ---- Daily Rate (if available): \$20 per day

Will you be bringing a 10x10 canopy? Yes No

Please check here if you must have your vehicle in or near your booth Yes

I have read and fully understand the Rules, Responsibilities and Regulations and the non-refundable fee for participating in the 2016 Delafield Farmers' Market and I hereby agree to abide by them. Any violation of the Rules, Responsibilities and Regulations will result in being barred from further participation in the Market. I, the undersigned, agree to indemnify and hold harmless the City of Delafield, the Market Manager, and the Market Board of Directors from any and all damages or injuries that may occur from any cause whatsoever as a consequence of my participation in the market.

Signature of Producer: _____ Print your Name Here: _____

Date of Signature: _____ Date of Acceptance by Market Manager: _____