



511 East Main Street
P.O. Box 237
Mishicot, WI 54228

2026 - MISHICOT FARMERS' MARKET

The Mishicot Farmers/Crafters Market 2026 Vendor Contract and Acceptance Statement

Wednesdays, June 3rd through Wednesday, September 30th

3:00 pm until 7:00 pm in Village Hall parking lot

Liability

I/We hereby release members of the Mishicot Area Growth & Improvement Committee and/or the Village of Mishicot from any damage or injury to the Vendor, or any other person, or to any property, occurring on the premises. The Vendor agrees to indemnify and hold harmless Mishicot Area Growth & Improvement Committee and/or the Village of Mishicot from any claims or damages, except for those caused by the negligence or unlawful conduct of Mishicot Area Growth & Improvement Committee and/or the Village of Mishicot.

Property Loss

Vendors assume all responsibility for any losses of property or money from the Market Site. Booths should never be left unattended.

Please Print:

Name: _____

Address: _____

City: _____

Phone: _____ E-mail: _____

Wisconsin Seller's Permit Number : _____

Exemption Code (See below): _____

If Vendor does not have a Wisconsin Seller's Permit Number and claims their sales are tax exempt, enter the exemption code number: 1. Exempt sales only or display only; 2. Multi-level marketing company pays sales tax; 3. Nonprofit occasional sales exemption; or 4. Exempt occasional sales.

Only One (1) Space allowed per Vendor – Fee required is \$30.00. This fee is payable to MAGIC. (Fee will include participation in Mishicot's 2025 Pumpkinfest on October 17th, 2026. To be included in Pumpkinfest at no cost, Vendor must attend at least ten (10) sessions of Farmer's Market during the year, prior to Pumpkinfest. (This will be mandatory if you wish to be included in the Pumpkinfest Farmers Market at no cost.) Fee for Seller's Permit application (if **NOT** exempt) is \$15, which is not included in the above fee requirements. (This fee is payable to MAGIC.)

Signature: _____ Date: _____

Return signed Seller's Permit application, Farmer's Market Contract and fee to the MAGIC office at address above (make checks payable to MAGIC.



VILLAGE OF MISHICOT

511 E. Main St.
 P. O. Box 385
 Mishicot, WI 54228-0385
 Telephone: 920.755.2525
 Fax: 920.755.2552
 e-mail: clerk@vi.mishicot.wi.gov
 www.vi.mishicot.wi.gov

DIRECT SELLERS APPLICATION

Legal Business/Owner's Name: _____

Contact Name: _____

Business/Owner's Address: _____

Phone Number: _____ FEIN or Last 4 of SS#: _____

Seller's Permit # (15 digits starting with 456): _____

Location of business to be conducted: _____

Make, Model, License # of vehicle used in this business: _____

Nature of Business: _____

Description of items intended to be sold, disposed of or contracted for: _____

Length of time you will be selling within the village limits: _____

Employees to be covered by this Permit: (if more than 3 employees, must file another application)

Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip
Height	Weight	Hair Color	Eye Color	
Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip
Height	Weight	Hair Color	Eye Color	
Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip



Height	Weight	Hair Color	Eye Color	

Next page

Please state the last three cities, villages, or towns where you conducted similar business just prior to making this application:

1. _____ 2. _____ 3. _____

Have you ever been convicted of any crime or ordinance violation related to the applicant's transient merchant business within the last five years? If yes, please state the date, nature of the offense and the place of conviction. _____

A copy of all contracts, order forms, or other documents used in this business shall be filed with this application. **If the application is not complete, a bond may be required prior to a permit being issued.** A fee of \$15.00 for each person listed on this application is required.

I certify that all of the information provided on this application is true and correct and agree to abide by Ordinance §172 of the Village of Mishicot ordinances.

 Applicant Signature

 Date

Office Use Only:

Received by: _____

Date: _____

Approved by: _____

Date: _____

Permit #: _____