

2017 JACKSON COUNTY FARMERS MARKET
PRODUCE/CRAFT/BAKED GOODS VENDOR APPLICATION

Approximate Dates May 2017-October 2017



Applicant's Name _____

Business Name _____

Address where produce is grown:

City, State, Zip _____

Mailing Address if different from above:

Phone # _____

Email _____

Products to be sold at JCFM _____

I plan to attend the market during the following dates _____

Can we include your business name in all JCFM marketing/promotions? Yes () No ()

Have you read and signed the JCFM rules? Yes () No ()

Have you provided proof of insurance to the JCFM Market Manager? Yes () No ()

Have you provided all required licenses/certificates necessary to sell your products in the State of Wisconsin to the JCFM Market Manager? Yes () No ()

I understand that for the 2017 market year, booth space will cost \$35 annually for **each** 12 x 12 foot space. Yes () No () [Make checks payable to Jackson County Farmers Market](#)

Acceptance of this agreement entitles the above vendor to participate in the Jackson County Farmers Market. Please complete and return to [227 S. 11th Street, Blk Rvr Fls, WI. 54615](#)

By signing this application, I accept and will adhere to the terms/rules governed by the JCFM:

Signature of Applicant _____ Date _____