

2019 JACKSON COUNTY FARMERS MARKET  
PRODUCE/CRAFT/BAKED GOODS VENDOR APPLICATION

*Approximate Dates early June to late October 2019*



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 \$50 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. 11<sup>th</sup> 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 \_\_\_\_\_