

2019 JACKSON COUNTY FARMERS MARKET
FOOD VENDOR APPLICATION
Approximate Dates early June to late October



Applicant's Name _____

Business Name _____

Mailing Address _____

City, State, Zip _____

Phone # _____

Email _____

Food items to be sold at JCFM _____

I plan to set up and sell food at the market on the following dates _____

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

Have you read and signed the JCFM VENDOR 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 for food vendors will cost \$20 per market day, to be paid each day present.

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, Black River Falls, WI 54615](#)

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

Signature of Applicant _____ Date _____