

APPLICATION FOR PERMISSION TO SELL

2020 ELKHART LAKE FARMERS MARKET

Sponsored by Elkhart Lake Chamber of Commerce, P O Box 425, Elkhart Lake WI 53020
Phone: 920/876-2922 E-mail: farmersmarket@elkhartlake.com

LAST NAME FIRST NAME
BUSINESS
ADDRESS
CITY, STATE, ZIP
PHONE CAN WE GIVE YOUR # OUT TO CUSTOMERS? Yes NO
E-MAIL LICENSE PLATE

Annual \$20.00 application fee PLUS:
SPACES: One 8' banquet table (no canopy) - \$8.00 Daily Fee
10' x 10' space (with or without canopy) - \$12.00 Daily Fee
Must check one of the above.

NEW VENDOR

Y / N

IMPORTANT: CHECK THE DATES YOU PLAN TO ATTEND.
Vendors MUST specify dates that you are attending when submitting application. If you can't make a chosen date, you can pick another, however, your paid daily fee will NOT be refunded.

JUNE 6 JUNE 13 JUNE 20 JUNE 27 JULY 4
JULY 11 JULY 18 JULY 25 AUG 1 AUG 8
AUG 15 AUG 22 AUG 29 SEPT 5 SEPT 12
SEPT 19 SEPT 26 OCT 3 OCT 10 OCT 17

TOTAL FEE \$ (Calculate your total fee by number of Saturdays you plan to attend plus \$20 application fee). FEES MUST BE PAID UPON SUBMISSION OF APPLICATION ON OR BEFORE THE WEDNESDAY PRIOR TO YOUR 1ST SATURDAY OF ATTENDANCE VIA CHECK OR CREDIT CARD.

Please complete the information requested below for all items that you intend to sell in the Market. All items sold in Market should be listed.

VEGETABLE AND SMALL FRUITS

- Asparagus Cucumbers
Beans Currants
Beets Eggplant
Blackberries Elderberries
Bok Choy Garlic
Broccoli Gooseberries
Brussel Sprouts Gourds
Cabbage Grapes
Cantaloupe Greens
Carrots Herbs
Cauliflower Huckleberries
Corn - Sweet Indian Corn
Corn - Pop Kohlrabi
Eggs Maple Syrup
Honey Sorghum

- Leeks
Lettuce
Mushrooms
Okra
Onions - Gr
Onions
Peas
Pea Pods
Peppers
Potatoes
Pumpkins
Radishes
Raspberries

- Rhubarb
Rutabaga
Spinach
Soybeans
Squash
Strawberries
Sunflowers
Tomatoes
Turnips
Watercress
Watermelon

ORCHARD FRUITS

- Apples
Cherries
Cranberries
Nuts
Pears
Plums

Other (Please specifically describe: )

Questions concerning prepared food items contact: Wisconsin Department of Agriculture 608/224-4665 or Sheboygan County Division of Public Health & Environmental Health 920/459-4347

AFFIDAVIT

I, \_\_\_\_\_, agree to sell at the Elkhart Lake Farmers Market only such items as those listed above. I also acknowledge those products will be of my own production and grown on the land described on my application to sell in the Market. I further acknowledge full responsibility for all my activities in the Market (and those assisting me, i.e. family members, partners, etc.) throughout the term of this season. I also understand that I am responsible for my own personal and product liability insurance.

I also agree to indemnify and hold harmless the Elkhart Lake Chamber of Commerce, its Board of Directors, agents and employees from any damage, injury or loss to any person or persons, including, but not limited to, persons to whom the seller may be liable under any Workers Compensation law and the producer, and from any loss, damages, caused by action, claims or suits for damages, included, but not limited to, loss of property, goods, or merchandise, caused by, or arising out of, or in any way connected with sellers use of the privileges herein granted..

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WIC AND SENIOR FARMER'S MARKET NUTRITION PROGRAM

**Our market is approved as a site where FMNP checks can be accepted. Farmers must attend a short training session (about 15 minutes) and sign an agreement before they accept FMNP checks. Non-authorized farmers will not be paid. In addition, it is considered fraudulent if non-authorized farmers give checks to an authorized farmer for payment; both the non-authorized farmer and the authorized farmer can be penalized. If there are farmers who sell at the market who would like to be authorized to accept FMNP checks, they may call Sheboygan County WIC at (920)-459-0394 to arrange a time for training.**

*(Please make check payable to The Elkhart Lake Chamber of Commerce. Email, mail or drop off forms & FEES to address listed above.)*

PAYMENT TYPE: Check Enclosed  VISA  MasterCard

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I hereby authorize the Elkhart Lake Chamber of Commerce to have \$ \_\_\_\_\_ amount charged to my credit card. *(Credit card information will be destroyed).*

Sign \_\_\_\_\_ Date \_\_\_\_\_

**Are you are interested in being a vendor at our June 22<sup>nd</sup> night market? YES NO**