

APPLICATION FOR PERMISSION TO SELL
2021 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 _____

FEES: _____ **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

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.

MAY 29 _____ JUNE 5 _____ JUNE 12 _____ JUNE 19 _____ JUNE 26 _____
 JULY 3 _____ JULY 10 _____ JULY 17 _____ JULY 24 _____ JULY 31 _____
 AUG 7 _____ AUG 14 _____ AUG 21 _____ AUG 28 _____ SEPT 4 _____
 SEPT 11 _____ SEPT 18 _____ SEPT 25 _____ OCT 2 _____ OCT 9 _____

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.**

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 | ___ Leeks |
| ___ Beans | ___ Currants | ___ Lettuce |
| ___ Beets | ___ Eggplant | ___ Mushrooms |
| ___ Blackberries | ___ Elderberries | ___ Okra |
| ___ Bok Choy | ___ Garlic | ___ Onions - Gr |
| ___ Broccoli | ___ Gooseberries | ___ Onions |
| ___ Brussel Sprouts | ___ Gourds | ___ Peas |
| ___ Cabbage | ___ Grapes | ___ Pea Pods |
| ___ Cantaloupe | ___ Greens | ___ Peppers |
| ___ Carrots | ___ Herbs | ___ Potatoes |
| ___ Cauliflower | ___ Huckleberries | ___ Pumpkins |
| ___ Corn - Sweet | ___ Indian Corn | ___ Radishes |
| ___ Corn - Pop | ___ Kohlrabi | ___ Raspberries |
| ___ Eggs | ___ Maple Syrup | |
| ___ Honey | ___ Sorghum | |

ORCHARD FRUITS

- | | |
|------------------|-----------------|
| ___ Rhubarb | ___ Apples |
| ___ Rutabaga | ___ Cherries |
| ___ Spinach | ___ Cranberries |
| ___ Soybeans | ___ Nuts |
| ___ Squash | ___ Pears |
| ___ Strawberries | ___ Plums |
| ___ Sunflowers | |
| ___ Tomatoes | |
| ___ Turnips | |
| ___ Watercress | |
| ___ Watermelon | |
- 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 _____