



THURSDAY

2018 Wisconsin Rapids Downtown Farmers Market CONTRACT AGREEMENT (2 PAGES)

Business/Farm Name: _____ Contact Person: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

***please include an email – this is our best way of contacting you for updates and information.**

Vendor spaces are available for a season fee of \$30.00 per single space per market day. Requests for more than 1 space are subject to the authorization of market management.

Please indicate number of spaces you wish to purchase (roughly 12'X12'): _____ Payment = # of spaces X \$30.00

Circle Months you plan to be at the market below:

June	July	August	September	October
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By signing, vendor agrees to:

1. Abide by the Rules and Regulations of Wisconsin Rapids Downtown Farmers' Market, of which, any part may be amended, modified, or added by the Market Manager at any time with or without due notice to Vendor.
2. Abide by all State of Wisconsin Laws, Ordinances of the County of Wood and Ordinances of the City of Wis. Rapids.
3. Indemnify and hold harmless the City of Wisconsin Rapids and County of Wood/ Wood County Health Department from any and all claims arising out of the Vendor's use of the leased space.
4. Be solely responsible for the property of Vendor while located upon the city right of way. Vendor is advised to carry insurance for loss and public liability.

Signature: _____ Date: _____

The above signed having read and in agreement with the terms of this application, hereby applies for entry and participation in the Wisconsin Rapids Downtown Farmer's Market for 2019 season.

DOCUMENTS TO BE COMPLETED AND RETURNED WITH PAYMENT: Vendor space(s) will not be reserved until payment and signed contract agreement are received by Market Management.

- ____ Payment = # of spaces X \$30.00
- ____ Signed Contract Agreement
- ____ Copy of State/County License to sell (if applicable)

Checks may be made out to: Wood County Health Department
Please send or drop off completed forms **and** payment to:

**Wood County Health Department
Attn: Mai Thao
111 W. Jackson Street – 3rd Floor
Wisconsin Rapids, WI 54495**

For additional questions please contact: **Mai Thao**
mthao@co.wood.wi.us
715-421-8942

For Office Use Only

Received: _____ License Provided: _____ Approved: _____

In addition to your home mailing address, provide up to three physical addresses for your business' primary point(s) of production/growing/cultivating. **No. PO Boxes.** (MIFI)

*Primary Production Location: _____

City: _____ State: _____ Zip Code: _____

*Second Production Location: _____

City: _____ State: _____ Zip Code: _____

*Third Production Location: _____

City: _____ State: _____ Zip Code: _____

***Use the table below to enter your farm acreage information.** Write "N/A" if not a non-agricultural enterprise-meaning you do not grow or cultivate products that you sell (i.e – baked goods, hots foods, value-added foods). (MIFI).

Land Owned (Current)	Land Leased (Current)	Land used for crops	Land used for grazing

Check all items you plan to sell. Items must meet guidance from rules and regulations document.

**Requires Wood County or State Licensing*

PRODUCE & FLOWERS	LIGHTLY PROCESSED	DAIRY / PROTEIN	ARTS & CRAFTS	PREPARED FOODS
<input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Herbs <input type="checkbox"/> Fresh Cut Flowers <input type="checkbox"/> Veggie Starts <input type="checkbox"/> Potted Plants <input type="checkbox"/> Other (explain using lines below)	<input type="checkbox"/> Honey <input type="checkbox"/> Maple Syrup <input type="checkbox"/> Applesauce <input type="checkbox"/> Canned Vegetables/Fruits List types of canned items on lines provided below.	<input type="checkbox"/> Cheese* <input type="checkbox"/> Meats* <input type="checkbox"/> Fish* <input type="checkbox"/> Milk* <input type="checkbox"/> Eggs* <input type="checkbox"/> Other (explain using lines below)	<input type="checkbox"/> Jewelry <input type="checkbox"/> Clothing <input type="checkbox"/> Furniture <input type="checkbox"/> Indoor décor <input type="checkbox"/> Outdoor decor <input type="checkbox"/> Other (explain below) List items on lines provided below.	<input type="checkbox"/> Hot food* OR <input type="checkbox"/> Cold food* List items on lines provided below.

Use these lines to describe exactly what products you wish to sell at the market if noted above.

BELOW IS FOR BRANDING AND SOCIAL MEDIA PURPOSES ONLY:

Website and/or Facebook Page Name:

Please include with this application, any branding materials or farm/business photos you have that could be shared through social media or share through email to mthao@co.wood.wi.us