



ELLSWORTH FARMERS MARKET

APPLICATION – 2019

Vendor/Business Name: _____

Vendor/Business Address: _____

Phone: _____

Email: _____

Preferred Method of Contact: Phone Email Letter
(Please select one)

Please give exact property address, if different from above:

_____ *Street* _____ *Township* _____ *County*

_____ *Land Owner* _____ *Size of Growing Area*

Are you certified as a vendor for WIC and/or Senior Farmers Market Nutrition Program?
 Yes No

Please list items you will be selling:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please mark which months you will be selling at the market:

June July August September

\$200 – Full Season

\$100 – ½ Season (2 days per month) Select Days: 1st 2nd 3rd 4th *5th Thursdays
**August has 5 Thursdays. The 5th Thursday is included as a bonus for committing to the market.*

\$55 – ¼ Season (1 day per month) Select Day: 1st 2nd 3rd 4th *5th Thursdays
**August has 5 Thursdays. The 5th Thursday is included as a bonus for committing to the market.*

\$20 per event basis (If less than 10 days) Specify Dates:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Farmers Market fee and application must be received by April 30 to ensure a vendor space at the market. It is preferred to pay in advance. Please send the fee and application to: SPUCC, W5706 State Road 72, Ellsworth, WI, 54011. Make checks payable to SPUCC, with MEMO: Farmer's Market.

NOTE: Please read "ELLSWORTH FARMERS MARKET RULES AND REGULATIONS" before signing.

I, the undersigned, do certify that the information contained herein is accurate and complete. I have read and understood the ELLSWORTH FARMERS MARKET RULES AND REGULATIONS and agree to abide by them.

Signature of Applicant

Date

Ellsworth Farmers Market Application Addendum

LIABILITY WAIVER:

The applicant agrees for itself and its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to waive and relinquish all claims that may result in any manner against St. Paul's United Church of Christ, their officers, agents and employees, and authorized volunteers from said applicant. St. Paul's United Church of Christ insurance does not cover vendor or anyone assisting vendor or vendor's family.

HOLD HARMLESS AGREEMENT:

Vendor has read and understood the Ellsworth Farmers Market Rules and Regulations. Vendor will sell only what is listed on the application. Vendor is responsible for the quality and safety of what s/he sells. Vendor shall indemnify, keep and hold harmless SPUCC and their officers, agents and employees, and authorized volunteers from and against, any and all claims and demands, whether for injuries to persons, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor and shall defend at vendor's own expense any action brought against SPUCC, their officers, agents and employees, and authorized volunteers and any of the above mentioned organizations or any other person or organization with which SPUCC and their officers, agents and employees, and authorized volunteers has a contractual relationship by vendor's acts or omissions.

Signature of Applicant

Date

OFFICE USE ONLY:

PD. \$ _____

CHECK # _____

CASH