

**2019 Fort Farmers Market
Mini-Market Application
January - April**

Complete and return to the Fort Atkinson Chamber of Commerce with payment.

PRODUCER INFORMATION

Name: _____ Farm/Organization _____
Address: _____
City: _____ Zip: _____
Email: _____ Cell: _____ Home: _____

MARKET DATES YOU WOULD LIKE TO ATTEND (\$15 per market)

- Saturday, January 5, 2019
 Saturday, February 2, 2019
 Saturday, March 2, 2019
 Saturday, April 6, 2019

TOTAL DUE: \$ _____

Please put me on a call-list to substitute if there is an available space at the last minute.

PRODUCT DESCRIPTION - You may only sell items you list which are approved by Market Managers.

Please be specific. This time of year, people like even more details regarding what food products are available each month. Arts vendors will be accepted depending on space availability.

- Vegetables _____ Fruit _____
 Plants & Flowers _____
 Baked Goods/Beverages _____
 Meats/Eggs _____
 Homemade Products/Canned Goods _____
 Arts/Crafts _____
 Other _____

SELLER'S STATEMENT OF RESPONSIBILITY

I, _____ have read and understand the policies and procedures as described for the Fort Atkinson Farmers Market and hereby agree to abide by them. Further, I agree to **SELL ONLY THOSE ITEMS** as listed in the Policies & Procedures. I further acknowledge full responsibility for all my activities (and those assisting me) in the Farmers Market throughout the term of this permit. I understand that violations of these Policies & Procedures may result in my being barred from further consideration. I also understand that the Fort Atkinson Area Chamber of Commerce (FAACC) and the City of Fort Atkinson do not carry any insurance policies to cover individual participants and that I am hereby advised to consider carrying my own general liability and product liability policies. The FAACC reserves the right to modify the policies as needed at any time. Seller agrees to indemnify and hold the FAACC and the City of Fort Atkinson harmless from any and all claims and liabilities.

Signature: _____ Date: _____

Return to: **Market Manager, Chamber of Commerce 244 N. Main St. Fort Atkinson, WI 53538 Ph:(920) 397-9070**