



Working Together



### 2019 Saturday Farmer's Market & Wednesday Night Market - Vendor Application

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Product Overview: (summary of what you plan to sell)

\_\_\_\_\_  
\_\_\_\_\_

**Saturday Farmer's Market Full Season** # of spaces \_\_\_\_\_ @ \$150.00 per space = \$ \_\_\_\_\_

**Saturday Farmer's Market Monthly** rate \$40.00, circle the months you will be attending

May June July Aug. Sept. Oct. #of months \_\_\_\_\_ @ \$40.00 = \$ \_\_\_\_\_

**Wednesday Night Market Full Season** # of spaces \_\_\_\_\_ @ \$150.00 per space = \$ \_\_\_\_\_

**Wednesday Night Market Monthly** rate \$40.00, circle the months you will be attending

June July Aug. Sept. #of months \_\_\_\_\_ @ \$40.00 = \$ \_\_\_\_\_

**Full Season Both Markets** # of Spaces \_\_\_\_\_ @ \$250.00 = \$ \_\_\_\_\_

**Payment Information:** Make checks payable to Hartford Area Chamber of Commerce (HACC)

**Mail to:** Hartford area Chamber of Commerce, PO Box 270305, Hartford WI 53027

Payment must be included with this completed form. (No Refunds)

**All Vendors shall provide the Chamber with a copy of their Sellers Permit number (if applicable), Insurance coverage and any other State of Wisconsin required licenses.**