SATURDAY
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

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 Checks may be made out to: Wood County Health Department
____ Signed Contract Agreement Please send or drop off completed forms and payment to:
____ Copy of State/County License to sell (if applicable) Wood County Health Department

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

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, hot foods, value-added foods). *(MIFI).*

<table>
<thead>
<tr>
<th>Land Owned (Current)</th>
<th>Land Leased (Current)</th>
<th>Land used for crops</th>
<th>Land used for grazing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Check all items you plan to sell. Items must meet guidance from rules and regulations document.  
*Requires Wood County or State Licensing*

PRODUCE & FLOWERS

- Fruits
- Vegetables
- Herbs
- Fresh Cut Flowers
- Veggie Starts
- Potted Plants
- Other (explain using lines below)

LIGHTLY PROCESSED

- Honey
- Maple Syrup
- Applesauce
- Canned
- Vegetables/Fruits
- Other (explain using lines below)

DAIRY / PROTEIN

- Cheese*
- Meats*
- Fish*
- Milk*
- Eggs*
- Other (explain using lines below)

ARTS & CRAFTS

- Jewelry
- Clothing
- Furniture
- Indoor décor
- Outdoor décor
- Other (explain below)

PREPARED FOODS

- Hot food*
- Cold food*

*Requires Wood County or State Licensing

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