



## **SATURDAY**

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

			<u>ETAGEO/</u>		
Business/Farm Name:	Name: Contact Person:				
Home Mailing Address:					
City:		State:	Zip Code:		
Phone Number:	Email Ad	dress:			
*please include an email – this is ou	<mark>ur best way of cor</mark>	ntacting you for upda	ates and information.		
Vendor spaces are available for a space are subject to the authorization Please indicate number of spaces y	on of market mar	agement.		uests for more than 1 = # of spaces X \$30.00	
Circle Months you plan to be at the	he market below	:			
June Jul	y Aug	just Septer	nber October		
By signing, vendor agrees to:					
1. Abide by the Rules and Regulation amended, modified, or added by the second					
2. Abide by all State of Wisconsin La	aws, Ordinances	of the County of Wo	od and Ordinances of the (	City of Wis. Rapids.	
<ol> <li>Indemnify and hold harmless the any and all claims arising out of the</li> </ol>			of Wood/ Wood County He	ealth Department from	
4. Be solely responsible for the prop insurance for loss and public liabi		nile located upon the	e city right of way. Vendor is	s advised to carry	
Signature:					
The above signed having read and participation in the Wisconsin Rapid				or entry and	
DOCUMENTS TO BE COMPLETE be reserved until payment and s				iot	
Management.	5	9	· · · · · · · · · · · · · · · · · · ·		
			may be made out to: Woo	d	
Payment = # of spaces X \$30	.00		Health Department send or drop off completed	4	
Signed Contract Agreement Copy of State/County License sell (if applicable)	to		and payment to:	I	
			County Health Departmer	nt	
For additional questions please contact: <b>Mai Thao</b>			lai Thao Jackson Street – 3 <sup>rd</sup> Floc	٥r	
mthao@co.wood.wi.us 715-421-8942			nsin Rapids, WI 54495		
	I	For Office Use Only			
Receiv		cense 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 enterprisemeaning 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
Fruits	Honey	Cheese*	Jewelry	Hot food*
Vegetables	Maple Syrup	Meats*	Clothing	
Herbs	Applesauce	Fish*	Furniture	OR
Fresh Cut Flowers	Canned	Milk*	Indoor décor	Cold food*
Veggie Starts	Vegetables/Fruits	Eggs*	Outdoor decor	
Potted Plants	_	Other	Other (explain	
Other (explain	List types of canned items	(explain using	below)	List items on lines
using lines below)	on lines provided below.	lines below)		provided below.
			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