

JACKSON FARMERS MARKET 2017



2017 Vendor Application

Business Name (if applicable) _____

Vendor Name (s) _____

Address _____ City _____ State _____ Zip _____

Home Phone(_____) _____ Cell Phone(_____) _____ Work Phone(_____) _____

Email Address _____

Wisconsin Tax Account # with attached form or copy of Sellers permit: **Completed & Attached**

Check the items you plan to sell (Anything not listed may not be sold until approved by the Market Manager)

Vegetables Fruits Cut Flowers Potted Plants Honey

Cheese Eggs Soaps Candles

Preserves (must have license/permit) Syrups (must have license/permit)

Prepared Food -specify (must have license/permit): _____

Homemade Crafts - specify: _____

Service - specify: _____

Other - specify: _____

FULL SEASON fee is \$25.00. (June 29th to October 26th, 2017. The spaces are approx. 1 parking stall in size.

Market Location: Jimmy's Restaurant Parking Lot, corner of Hwy 60 and Industrial Dr., Jackson WI

Market Day & Times: THURSDAYS from 2:30pm to 5:30pm

VENDOR SPACES WILL BE ASSIGNED ON A 1ST COME 1ST SERVED BASIS.

Note: All seller's requiring a regulation scale as per the Wisconsin State Seller's information, must provide their own certified scale.

I have read the rules and regulations regarding the Jackson Farmers Market and I understand and agree to follow these rules and any rules as required by the State of Wisconsin. I release the Jackson Jt. Parks & Recreation Department, Jimmy's Restaurant and it's agents from any liability whatsoever for theft, damages, litigation, prosecution, illegal sales practices, injury or loss of any kind associated with the Jackson Farmers Market.

Signature: _____ Date: ____/____/____

Make Checks Payable to: **JACKSON JT. PARKS & RECREATION/FARMERS MARKET**

Jackson Area Community Center

N165 W20330 Hickory Lane, Jackson, WI 53037

(262) 677-9665