



VILLAGE OF DEFOREST Farmers' Market



120 South Stevenson Street
DeForest, Wisconsin 53532

Parks, Recreation & Natural Resources Department (608) 846-6751
Farmers' Market Manager (608) 509-5324
farmersmarket@vi.deforest.wi.us

Fax (608) 846-6963
www.vi.deforest.wi.us

DeForest Farmers' Market Vendor Application

Business Name: _____ EIN#: _____

Phone: _____ Email: _____

Name: _____

Mailing Address: _____

Preferred Method of Contact? Email Cell Phone Mail

Required Permits/Certifications/License Attached: Yes No Not Required

To learn more about food licensing/permits, go to Dane County Public Health website:

<https://www.publichealthmdc.com/environmental-health/licensing-permits/retail-food-establishment-licensing/temporary-food-and-farmers-market>

To learn more about sellers permits in WI, go to: <https://www.revenue.wi.gov/Pages/FAQS/pcs-seller.aspx>

Social Media Presence (Website; Facebook; Instagram) _____

Vending Dates (please select one vending preference)

- \$125 Full Season, if paid **by March 31st**
- \$150 Full Season, if paid **after March 31st**
- \$150 Double Stall Full Season, if paid **by March 31st**
- \$175 Double Stall Full Season, if paid **after March 31st**
- \$60 Partial Season - 8 Markets, list dates: _____
- \$10/Day Specific dates requested, list date(s): _____

Volunteer

- I would like to help organize a special event, please describe: _____
- I would like to donate something towards a special event, please describe: _____
- I would like to lead a demonstration about my product at an event,
Please describe: _____

Production Information

1. Are you certified organic? Yes No (If yes, please attached a copy of your certification)
2. Please briefly describe your production practices (i.e., organic, biodynamic, IPM, pasture raised, etc.)

3. Please list other farmers markets where you plan to vend this season:

Name of Market	Day of Week	Approximate Dates

Name of Market	Day of Week	Approximate Dates

4. Do you accept WIC produce vouchers? Yes No

5. Do you participate in CSA (Community-Supported Agriculture)? Yes No
 If so, will you be using the DeForest Market as a pickup? Yes No

Items for Market

The following section will be helpful for us as we look to maximize the product availability from week to week. Please be as specific as you can. Attach additional sheets if necessary.

Product Description	Approximate Dates Available	
1.	From:	To:
2.	From:	To:
3.	From:	To:
4.	From:	To:
5.	From:	To:
6.	From:	To:
7.	From:	To:
8.	From:	To:
9.	From:	To:
10.	From:	To:

Important Items to Note...

- All Vendors **must be pre-registered** and notified of acceptance prior to attending the Farmers' Market
- Limited vendors are selected based on products
- If you are **not pre-registered** your application must be received **no later than Friday at noon** for approval of the **upcoming** Tuesday's market
- Please note that all vendor fees will be used for Market operational expenses, Market Manager, publicity and advertising
- **Please make checks payable to:** Village of DeForest and **mail to:** DeForest Farmers' Market, 120 S Stevenson St, DeForest, WI 53532

I have read the rules, regulations and policies as described for the DeForest Farmers' Market and hereby agree to abide by them. I also acknowledge that the products I will sell must be of my own production and produced at the location described on my application. I acknowledge full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season's permit. I acknowledge the authority of the market manager/managers to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I agree to allow for inspection of my records **or** of the premises where the products offered for sale are produced. These inspections will be carried out by the market manager/managers and/or representatives of the market at any time. I understand that the DeForest Farmers' Market does not carry any insurance policies to cover individual participants and that I assume responsibility for carrying such insurance.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Civic Rec		
Amount Received: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____ Date: _____