



Vendor Application

_____year

Vendor Name(s) _____

Farm/Business name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Number of stalls requested _____

Electricity ____yes ____no

____ Full Season \$ 125 (Memorial Weekend Sat – third Sat Oct) 21 weeks

____ First half season \$70 (Memorial Weekend Sat - First Sat Aug) 10 weeks

____ Second half season \$70 (First Sat Aug - third Sat Oct) 10 weeks

____ Daily \$10/day

During the _____(year) season I anticipate selling these locally grown or produced items (be specific and include all products):

Everything I sell at the Hodag Farmers' Market will be grown or produced at the following location:

A copy of your proper Wisconsin Licensing must be submitted with this contract if selling meat, eggs, baked goods, or any other potentially hazardous foods. A copy of this license must also be prominently displayed at the Market.

I have read and agree to abide by all the rules set forth in the policies and recognize the market management, its Board of Directors, and their authority for enforcing them.

Signature of Vendor

Date

We have a website for the Hodag Farmers' Market (hodagfarmersmarket.com) and all seasonal vendors are included. Please provide a brief description of your business to include on the website. Your contact information provided above will also be included.

If you have your own website, please include it and a link will be provided.

Mail check and completed form to:

Hodag Farmers' Market
PO Box 54
Rhinelander, WI 54501

For additional information: Have questions or need additional information:

Phone: 715-575-3103

Website: <http://hodagfarmersmarket.com>

Follow us on Facebook

Email: contact@hodagfarmersmarket.com