

2017 FORT FARMERS MARKET PRODUCERS APPLICATION

PLEASE READ THE MARKET POLICY GUIDELINES BEFORE FILLING THIS OUT

PLEASE RETURN BY MARCH 13 2017**

MARKET MEETING WED MARCH 29, 2017 5:30 PM CAFÉ CARPE

**FEE GOES UP AFTER THIS DATE Regular Season May 27 to September 30 Spring Preview May 6, 13 & 20 Fall Harvest Oct 7, 14, 21 & 28

PRODUCER INFORMATION

Name: _____ Farm/ Organization _____ Date: _____

Address: _____ City _____ Zip _____

Email: _____ Cell#: _____ Home#: _____

Website: _____ Seller Permit No. _____ (ATTACH COPY)

What's the best way to communicate with you: email _____ mail _____ cell ph _____ at market _____

Do you have a Facebook Page? _____ Twiter Feed? _____ Other Social Media?(please list) _____

TYPE OF PRODUCER

The Fort Farmers Market strives for a well balanced offering to our shoppers great Wisconsin products, helping both please their pallet and not over saturating our vendors. Our goal is to have at least 30 SEASONAL vendors committed to being at the market EACH SATURDAY May 27 to September 30 of which **50% is produce/fruit/grains/flowers, 30% Bakery, Jam, Honey, Syrup, Canned Goods, Meat, Poultry Eggs etc, 15% Homemade grooming products, pet products, woodwork, handicraft and/or art and 5% Beverage/Edible Food** . At least an additional **5 DAILY** vendors, on average, are welcome as space is available on a first come first serve basis, as well as based on the above product ratios. **Art Saturdays are the exception** when additional vendor spots are available on South Water Street.

Please mark the type of producer you would like to be for the **2017 Season**:

I want to be a **SEASONAL PRODUCER** for **\$120.00** per space (**\$150 if register AFTER March 13**) _____
I understand that I am expected to sell **every Saturday** from May 27 to Sept 30
(18 Saturdays) unless otherwise confirmed by the market manager. **If emergency I will call market manager to confirm absence PRIOR to Saturday morning.**

I want to also sell during the **SPRING & HARVEST SEASON (FOR SEASONAL PRODUCERS ONLY)**
____ Yes, I will participate in the May Spring Preview Markets May 6, 13 & 20 (ATTEND EACH DAY & receive a FREE \$10 gas gift card as well as waive any additional fees. If you miss one of the spring preview days, you'll have to pay a daily fee for the days you do participate and will not receive a gas card).
____ Yes, I will participate in the October Fall Harvest Markets October 7, 14, 21 & 28 (If you miss one of the fall harvest days, you'll have to pay a daily fee for the days you do participate).

DAILY PRODUCER \$12.00 per space _____. (fee will be assessed day of market).
I expect to be there in: May ____ June ____ July ____ August ____ September ____ October ____

ARTS & CRAFTS PRODUCER on ARTS SATURDAYS ONLY \$50.00 _____ (May 27, June 24, July 29, August 26, September 30, October 14*) *The October date is tentative and will be coordinated with the WI Poetry Festival. Please confirm by June 2017 when date will be set.

COMMUNITY/EDUCATIONAL BOOTH: 2xsummer (FREE) ____ 1xmonth (\$30) ____ Seasonal (\$50) ____

PRODUCT DESCRIPTION - *You may only sell those items you list and that are approved!!!*

List products to be sold and provide a brief description (Be Specific or provide brochure with application):

Vegetables _____ # of acres _____

Please CIRCLE all that apply to how you grow your vegetables:

GMO Seeds Heirloom Seeds Pesticides Herbicides All Natural Pest Control Synthetic Fertilizer
Organic Fertilizer Crop Rotation I use organic principles I am Certified Organic

Fruit _____ # of acres _____

Please CIRCLE all that apply to how you grow your fruit:

GMO Plants/Trees Heirloom Plants/Trees Pesticides Herbicides All Natural Pest Control
Synthetic Fertilizer Organic Fertilizer I use organic principles I am Certified Organic

Plants & Flowers _____ # of acres _____

Please CIRCLE all that apply to how you grow your plants/flowers:

Heirloom Plants/Flowers Greenhouse Coldframe Growlights Pesticides Herbicides
All Natural Pest Control Synthetic Fertilizer Organic Fertilizer I use organic principles I am Certified Organic

Baked Goods/Beverages _____

Please CIRCLE all that apply to how you create your products:

Local Grains/Flour/Products Organic Grains/Flour/Products Fair Trade Grains/Flour/Products
Home Grown Ingredients (i.e. fruits, eggs, etc) Fort Market Ingredients Local Ingredients Licensed Kitchen

Meats/Eggs _____ # of acres _____

Please CIRCLE all that apply to how you raise/process your meat and/or eggs

Raise own Meat Buy meat from other farmers Medicated Feed Home Grown Feed Certified Organic Feed
Hormone Use Antibiotic Use Grass Fed Free-Range Processed within _____ miles of farm

Homemade Products/Canned Goods _____

Please CIRCLE all that apply to how you produce your homemade product:

Licensed Kitchen Grow/produce MAIN INGREDIENT Buy MAIN INGREDIENT at Farmers Market/farmstand
Buy MAIN INGREDIENT at grocery store Certified Organic Ingredient Local Ingredient Fair Trade Ingredient

Arts/Crafts _____

Please CIRCLE all that apply about what materials you use: Recycled/Restored Materials Homemade/grown Materials
Store Bought Materials Locally Procured Materials (non-business) Fair Trade Materials Natural Fibers/Materials

Organizational/Educational _____

Other _____

PRODUCER PARTICIPATION

We are looking forward to assisting you in your market efforts. Please review these opportunities and mark YES or NO.

____ Yes I will attend the Pre-Market Informational Meeting on **WEDNESDAY March 29, 2017 5:30pm at Café Carpe**

____ No I will be unable to attend, please see my attached suggestions.

SELLER'S STATEMENT OF RESPONSIBILITY

I, _____ have read and understand the policies and procedures as described for the Fort Atkinson Farmers Market and hereby agree to abide by them. Further, I agree to **SELL ONLY THOSE ITEMS** as listed in the Policies & Procedures. I further acknowledge full responsibility for all my activities (and those assisting me) in the Farmer's Market throughout the term of this permit. I understand that violations of these Policies & Procedures may result in my being barred from further consideration. I also understand that the Fort Atkinson Area Chamber of Commerce and the City of Fort Atkinson does not carry any insurance policies to cover individual participants and that I am hereby advised to consider carrying my own personal liability and product liability policies. The FAACC reserves the right to modify the policies as needed at any time. Seller agrees to indemnify and hold the FAACC and the City of Fort Atkinson harmless from any and all claims and liabilities.

Signature: _____ Date: _____

Return to: **Market Manager, Fort Chamber of Commerce 244 N. Main St. Fort Atkinson, WI 53538 Ph: (920) 563-3210**