

**2018 FORT FARMERS MARKET PRODUCERS
MINI MONTHLY WINTERS MARKET APPLICATION**

**PLEASE READ SUBMIT THESE TO THE FORT CHAMBER OF COMMERCE
PLEASE PAY AHEAD OF TIME - THANK YOU!**

PRODUCER INFORMATION

Name: _____ Farm/ Organization _____
Date: _____
Address: _____ City _____
Zip _____
Email: _____ Cell#: _____
Home#: _____

MARKET DATES YOU WOULD LIKE TO ATTEND

Saturday, January 6, 2018- \$15 _____

Saturday, February 3, 2018 - \$15 _____

Saturday, March 3, 2018- \$15 _____

Saturday, April 7, 2018- \$15 _____

TOTAL DUE: _____

Yes, please put me on a waiting list and contact me to substitute if there is an available space at the last minute _____

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

PLEASE BE SPECIFIC AS THIS TIME OF YEAR PEOPLE WOULD LIKE EVEN MORE DETAILS REGARDING WHAT IS AVAILABLE. IF IT'S DEPENDENT ON THE MONTH - PLESASAE NOTE WHICH MONTH THE PRODUCT WILL START BEING AVAILABLE. THIS WILL PRIMARILY BE A FOOD MARKET SO IF WE HAVE INTERESTED ARTS VENDORS, I WILL BE IN TOUCH REGARDING AVAIABLE SPACE. THANK YOU!

- Vegetables _____
- Fruit _____

- Plants & Flowers _____
- Baked Goods/Beverages _____

- Meats/Eggs _____
- Homemade Products/Canned Goods _____
- Arts/Crafts _____
- Other _____

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: **Cynthia Holt, Chamber of Commerce 244 N. Main St. Fort Atkinson, WI 53538 Ph: (920) 563-3210**