



Downtown Fond du Lac Market 2020 Application

<input type="checkbox"/> Returning Vendor	<input type="checkbox"/> New Vendor
<input type="checkbox"/> Downtown Business	<input type="checkbox"/> Non-Profit Organization

Name: _____ E-mail(s): _____

Farm/Business Name: _____

Mailing Address: _____

Phone (indicate home or cell, etc.): _____

Website (for marketing purposes): _____

Emergency Contact Name: _____ Phone Number: _____

Provide the physical address for your business' primary point(s) of production. No P.O. Boxes, please.

Primary production location: _____ Acreage Cultivated/Grazed: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Check any certifications, licenses or permits that your business presently holds and submit copies with your application.
Copies of all licenses must be on site during market days.

<input type="checkbox"/> Certified Organic	<input type="checkbox"/> Food Alliance Certified	<input type="checkbox"/> Certified Naturally Grown
<input type="checkbox"/> Certified Biodynamic Establishment License	<input type="checkbox"/> Temporary Food Stand License	<input type="checkbox"/> Mobile Retail Food
<input type="checkbox"/> Meat Plant License	<input type="checkbox"/> Food Processing Plant License	<input type="checkbox"/> Commercial Feed License
<input type="checkbox"/> Wisconsin Sellers Permit		<input type="checkbox"/> Other: _____

Identify the types of products that you will sell at this market in 2020. Check all that apply:

<input type="checkbox"/> Fruits & Vegetables	<input type="checkbox"/> Dairy	<input type="checkbox"/> Arts/Crafts/Services
<input type="checkbox"/> Meat & Seafood	<input type="checkbox"/> Eggs	<input type="checkbox"/> Value Added*
<input type="checkbox"/> Nuts & Legumes	<input type="checkbox"/> Plants & Food	<input type="checkbox"/> Prepared Food**

*Value-added refers to products with two characteristics: The farmers make the foods from raw ingredients and primarily from ingredients that they plant, grow or care for, and harvest. They process the foods through baking, cooking, canning, drying, fermenting, preserving or spinning techniques (honey, maple syrup, baked goods, jams, dried fruit, viticulture, pickles, wool yard, etc.)

** Prepared food refers to products that agriculture or non-agriculture businesses make from ingredients that they primarily purchase. They made the food at the market for immediate consumption (sandwiches, brewed coffee, etc.).

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WEDNESDAY VENDING

June 3-September 30, 2020; 11 a.m. – 2 p.m., Main Street Plaza

<input type="checkbox"/> June 3	<input type="checkbox"/> July 1	<input type="checkbox"/> Aug 5	<input type="checkbox"/> Sept 2
<input type="checkbox"/> June 10	<input type="checkbox"/> July 8	<input type="checkbox"/> Aug 12	<input type="checkbox"/> Sept 9
<input type="checkbox"/> June 17	<input type="checkbox"/> July 15	<input type="checkbox"/> Aug 19	<input type="checkbox"/> Sept 16
<input type="checkbox"/> June 24	<input type="checkbox"/> July 22	<input type="checkbox"/> Aug 26	<input type="checkbox"/> Sept 23

<input type="checkbox"/> Full-Season (\$40 per space)	<input type="checkbox"/> Week-by-Week (\$10 per space, per day)
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Number of 10x10 spaces _____

Any special requests?

Requests not guaranteed: _____

SATURDAY VENDING May 16 - October 31, 2020; 8 a.m. – 12 p.m., Main Street (excluding Sept 12th) Separate application required for this event.

Full-Season Vendor: Vendor must attend at least 18 dates to qualify for this price.

- \$100 per 10x10 space
- \$150 per 10x20 space
- \$50 for ONE 15-amp outlet.
(Option only for full season vendors)

Week by Week Vendor: Vendor may request any number of dates, but space assignment will vary based on availability.

- \$20 per 10x10 space
- \$30 per 10x20 space

<input type="checkbox"/> May 16	<input type="checkbox"/> June 6	<input type="checkbox"/> July 4	<input type="checkbox"/> Aug 1	<input type="checkbox"/> Sept 5	<input type="checkbox"/> Oct 10
<input type="checkbox"/> May 23	<input type="checkbox"/> June 13	<input type="checkbox"/> July 11	<input type="checkbox"/> Aug 15	<input type="checkbox"/> Sept 19	<input type="checkbox"/> Oct 17
<input type="checkbox"/> May 30	<input type="checkbox"/> June 20	<input type="checkbox"/> July 18	<input type="checkbox"/> Aug 22	<input type="checkbox"/> Sept 26	<input type="checkbox"/> Oct 24
	<input type="checkbox"/> June 27	<input type="checkbox"/> July 25	<input type="checkbox"/> Aug 29	<input type="checkbox"/> Oct 3	<input type="checkbox"/> Oct 31

Number of spaces: _____

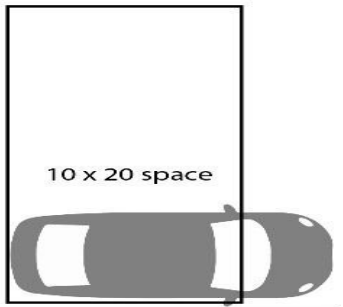
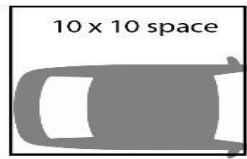
Note: Vehicles in 10x10 spaces must fit inside vending area and be part of vending display. In most cases, vehicles will require the purchase of at least two vending spaces.

Please list any location requests. Spaces are not guaranteed: _____

Total Vendor Cost of 2020 Season:
\$ _____

Vehicle included for scale.

Vehicles on street require at least two spaces.



curb

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A Note on Vendor Insurance

While vendor insurance is not required, it is strongly encouraged. We work with the Wisconsin Farmers Market Association to provide access to a low-cost insurance option: <https://secure13.bizsiteservice.com/wifma-vendor-application>

*Payment must be received by: May 1, 2020.

Signature

Vendor agrees to indemnify & hold harmless the Downtown Fond du Lac Partnership, its employees, volunteers & sponsors, from any and all causes of action which may arise from the operation of this Farmers Market, not caused by negligence of the Downtown Fond du Lac Partnership, its employees, volunteers and sponsors. I grant permission for the Downtown Fond du Lac Partnership to use any photos, videotape, etc. taken of my products or me in any and all publicity and advertising promoting the Market. By submitting this application, I acknowledge that the Rules & Regulations have been read and understood, and I will abide by the terms as presented.

Signed _____ Date: _____

Print Name _____

Send to:

Downtown Fond du Lac Partnership
131 S. Main Street, Suite 101
Fond du Lac, WI 54935

Please call with further questions:
(920) 322-2006
info@downtownfdl.com

Deadline for inclusion in first wave of map placement is May 1, 2020. Applications continue to be accepted all season. Map placement/Vendor spot not placed until payment has been made in FULL and ALL required paperwork in completed!!

Application Checklist:

(Your application is not complete until all of these items are on file with the Downtown Fond du Lac Partnership.)

- This application Pages 1-5
- Copies of relevant licenses, permits, or certificates as indicated on page 1.
- Payment

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event
	1. Name of Temporary Event <u>Downtown Fond du Lac Farmers Market</u>
	2. Date(s) of Temporary Event <u>May 2- October 31, 2020 and /or June 3- September 30, 2020</u>
	3. Location of Temporary Event (e.g., Venue, City) <u>Main Street, Fond du Lac, WI 54935</u>
	PART B: Operator Information: To be completed by the operator of the temporary event
	1. Name and Address <u>Downtown Fond du Lac Partnership</u> <u>131 S. Main St., Suite 101 Fond du Lac, WI 54935</u>
	2. Daytime Telephone Number (<u>920</u>) <u>322-2006</u>
	3. Email Address <u>info@downtownfdl.com</u>
	4. Wisconsin Tax Account Number _____ If blank, check appropriate box: <input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input checked="" type="checkbox"/> Exempt Nonprofit Organization <input type="checkbox"/> Other – Explain: _____
	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.
THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS	
1. Legal Name _____	
2. Business Name _____	
3. Address (Street or Route) _____	
4. City, State and Zip Code _____	
5. Home Telephone Number () _____	
Business Telephone Number () _____	
6. Wisconsin Tax Account Number _____	
7. Social Security Number <u>X X X - X X - _____</u>	
8. Federal Identification Number (FEIN) <u>X X - X X X _____</u>	
9. Check one box indicating the type of activity you intend to engage in at this event: <input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only <input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization	

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____ Date: _____

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by email at DORBusinessTax@revenue.wi.gov or telephone at (608) 266-2776. See reverse side for submission instructions.

**** Do not email event reports to maintain confidentiality of seller information ****

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Vendor Business Name (as listed on S-240): _____

Please provide a small description of products/ goods

Fruits _____

Vegetables: _____

Meats: _____

Seafood: _____

Dairy: _____

Fresh Eggs: _____

Plants/Compost/Flowers: _____

Arts & Crafts: _____

Other: _____

Value Added: _____

(refers to products with two characteristics: 1- The farmers make the foods from raw ingredients and primarily, from the ingredients that they plant, grow or care for, and harvest OR 2-they process the foods through baking, cooking, canning, drying, fermenting, preserving, or spinning techniques(e.g. baked goods, cheese, jams, dried fruits, viticulture, pickles, wool, yarn, etc)

Ready to Eat Foods: _____

(refers to products that agriculture or non-agriculture businesses make from ingredient the they primarily purchase., The food is made at the market for immediate consumption)

For office use:

Date Received: _____

Farm Visit Date: _____

Fees Paid: _____