



Downtown Fond du Lac Farmers Market 2023 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"/> <i>Certified Organic</i> <input type="checkbox"/> <i>Certified Biodynamic Establishment License</i> <input type="checkbox"/> <i>Meat Plant License</i> <input type="checkbox"/> <i>Wisconsin Sellers Permit</i>	<input type="checkbox"/> <i>Food Alliance Certified</i> <input type="checkbox"/> <i>Temporary Food Stand License</i> <input type="checkbox"/> <i>Food Processing Plant License</i>	<input type="checkbox"/> <i>Certified Naturally Grown</i> <input type="checkbox"/> <i>Mobile Retail Food</i> <input type="checkbox"/> <i>Commercial Feed License</i> <input type="checkbox"/> <i>Other: _____</i>
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Identify the types of products that you will sell at this market in 2023. Check all that apply:

<input type="checkbox"/> Fruits & Vegetables <input type="checkbox"/> Meat & Seafood <input type="checkbox"/> Nuts & Legumes	<input type="checkbox"/> Dairy <input type="checkbox"/> Eggs <input type="checkbox"/> Plants & Food	<input type="checkbox"/> Arts/Crafts/Services <input type="checkbox"/> Value Added* <input type="checkbox"/> Prepared Food**
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*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 purchased. They made the food at the market for immediate consumption (sandwiches, brewed coffee, etc.).

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Application Checklist:

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

- This application Pages 1-4 (S-240 Seller Information must be filled out)
- Copies of relevant licenses, permits, or certificates as indicated on page 1.
- Payment

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. I also certify that all goods/products brought to the market were grown and/or made by my own hands.***

Signed _____ Date: _____

Print Name _____

A Note on Vendor Insurance: While vendor insurance is not required, it is strongly encouraged

Deadline for inclusion in first wave of map placement is May 12, 2023. Applications continue to be accepted all season. Map placement/Vendor space not placed until payment has been made in FULL and ALL required paperwork in completed. Weekly maps are sent electronically the Wednesday prior to market.

Send to:

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

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

Wisconsin Temporary Event Operator and Seller Information

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

Instructions on reverse side.

E V E N T O P E R A T O R	<p>PART A: Event Information: To be completed by the operator of the temporary event</p> <p>1. Name of Temporary Event _____</p> <p>2. Date(s) of Temporary Event _____</p> <p>3. Location of Temporary Event (e.g., Venue, City) _____</p> <p>PART B: Operator Information: To be completed by the operator of the temporary event</p> <p>1. Name and Address _____</p> <p>2. Daytime Telephone Number () _____</p> <p>3. Email Address _____</p> <p>4. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>
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S E L L E R	<p>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS </div> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number () _____</p> <p> Business Telephone Number () _____</p> <p>6. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>7. Social Security Number X X X - X X - _____</p> <p>8. Federal Identification Number (FEIN) X X - X X X _____</p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <p><input type="checkbox"/> Selling Taxable Merchandise or Service <input type="checkbox"/> Display Only</p> <p><input type="checkbox"/> Selling Exempt Merchandise or Service <input type="checkbox"/> Exempt under Occasional Sales Rule</p> <p><input type="checkbox"/> Direct Sellers, Company Name _____ <input type="checkbox"/> Nonprofit Organization</p>
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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 ****