|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | HOW PAID |  |  |  |  | CLASSIFICATION |  |  |  |
| DATE: |  |  |  |  | CATEGORY | PRODUCE | CRAFT | INFO/EDU/SERV | PREP. FOOD |
| TYPE: | SEA/DAILY |  |  |  | RULES REV. |  | YES | NO |  |

Above, for official use only….Above, for official use only …Above, for official use only…….

Ashland Area Farmers’ Market

**Vendor Application 2016**

**IDENTITY**------------------------------------------------------------------------------

**Business/Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Growing Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ashland Co.   Bayfield Co.  Iron Co.**

**Would you like your contact information to be shared with customers and other vendors?**

**yes      no**

**GENERAL INFORMATION**--------------------------------------------------------

**Are you** (check all that apply)**:**

**Producer/Grower   Crafter   Prepared Food Vendor   Information/Education/Services\***

**\**daily use fee only***

**To participate in the AAFM all vendors must have their business/farm located in Ashland, Bayfield, or Iron County and be grown or produced by the vendor.  Do you fit this criteria?**

**Yes   No, Sorry can’t participate**

**Description of Your Display---------------------------------------------**

**Describe what you will sell or be displaying, please be specific** (use back if you need more space)**:**                        If you are selling prepared foods or crafts, where do you obtain your raw materials:

**Regionally     State of Wisconsin    outside of the State     outside the U.S.**

**If you use regional ingredients please list?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VENDOR RESPONSIBILITY--------------------------------------------------------------------**

The vendor is personally responsible for holding the correct permits to conduct business at the Ashland Area Farmers’ Market. Please call the appropriate agency for requirements and fees. For licensing information, call DATCP at 715-839-3844 for ready to eat foods call Ashland County Health Department at 715-682-7004. For State Seller’s Permit (non-food items) call the State of Wisconsin at 608-266-2776.

**I understand the state regulations for food marketing and have all licenses that apply***.*

**YES.   Not applicable PAST PARTICIPATION---------------------------------------------------------------------------**

The following section will be helpful to us as we look at the market set-up from month to month. Please be as specific as possible.

**Did you participate in the Farmers’ Market last year?   Yes    No**

**If so, What site?\_\_\_\_\_\_\_\_\_\_\_\_\_How many markets did you attend last year?**

**How many markets will you attend this year?**

**10+ Markets**

**5-9 Markets(**Expected dates of attendance)

**1-4 Markets** (Those expecting to attend less than 5 Markets are eligible for daily passes only)

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**-----

Selling privileges at the Ashland Area Farmers’ Market (AAFM) are extended to produce growers and handcraft vendors under certain conditions as stated in the Ashland Area Market Rules and Policies. I have read and understand the rules and policies of the AAFM. I agree to abide by these rules and the authority of the Market Manager. I understand that selling must be done under proper state and local licensing and procurement of such licenses is my responsibility, and will provide the market manager with proof of licensing if requested.

I agree to protect, indemnify, and hold harmless the Ashland Area Farmers’ Market and the City of Ashland from and against any and all causes of action, claims, demands, suits, liability or expense by reason of loss or damage to any property or bodily injury to any person, including death, as a direct or indirect result of use of any rented or occupied market space or in connection with any action or omission of the renter who shall defend the Ashland Area Farmers’ Market or City of Ashland in such cause of action or claim.

*I understand that all applications are subject to review before approval and by completing this form I am not automatically accepted to vend at the Ashland Area Farmers’ Market.*

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

**MARKET FEES**------------------------------------------------------------------------

    Please make checks payable to the Ashland Chamber of Commerce

**Seasonal Pass for Drive in site $100.00**

**Seasonal Pass for walk in site$75.00**

**Daily Fee** (All sites, as available per Market Manager’s approval) = **$15.00**

**Student (under 18) Daily Fee** = **$6.00**

***\*Information/Education/Services booths are only allowed daily use fee.***

All applications must be submitted to the Market Manager for consideration at least one week prior to intended sales before permission is granted to vend at the AAFM.

**2016 Market Manager**: Cheyanne Reeves 850 896 9597

**Ashland Area Farmers Market   PO Box 452,  Ashland WI, 54806** [**ashlandfarmersmarket@gmail.com**](mailto:ashlandfarmersmarket@gmail.com)