



# ELLSWORTH FARMERS MARKET APPLICATION – 2024

Vendor/Business Name: \_\_\_\_\_

Vendor/Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Letter  
*(Please select one)*

Please give exact property address, if different from above:

\_\_\_\_\_ Street \_\_\_\_\_ Township \_\_\_\_\_ County

\_\_\_\_\_ Land Owner \_\_\_\_\_ Size of Growing Area

Are you certified as a vendor for WIC and/or Senior Farmers Market Nutrition Program?

Yes  No

Please list items you will be selling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark which months you will be selling at the market:

June  July  August  September

\$125 – Full Season

\$65 – ½ Season (2 days per month) Select Days:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  \*5<sup>th</sup> Thursdays  
*\*August has 5 Thursdays. The 5<sup>th</sup> Thursday is included as a bonus for committing to the market.*

\$45 – ¼ Season (1 day per month) Select Day:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  \*5<sup>th</sup> Thursdays  
*\*July and Sept. have 5 Thursdays. The 5<sup>th</sup> Thursday is included as a bonus for committing to the market.*

\$15 per event basis (If less than 10 days) Specify Dates:

\_\_\_\_\_  
\_\_\_\_\_

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Farmers Market fee and application must be received by May 30 to ensure a vendor space at the market. It is preferred to pay in advance. Please send the fee and application to: SPUCC, W5706 State Road 72, Ellsworth, WI, 54011. Make checks payable to SPUCC, with MEMO: Farmer's Market.

**NOTE:** Please read "ELLSWORTH FARMERS MARKET RULES AND REGULATIONS" as well as information regarding home canned and home baked goods before signing.

I, the undersigned, do certify that the information contained herein is accurate and complete. I have read and understood the ELLSWORTH FARMERS MARKET RULES AND REGULATIONS and agree to abide by them.

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*Signature of Applicant*

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*Date*

## Ellsworth Farmers Market Application Addendum

### LIABILITY WAIVER:

The applicant agrees for itself and its employees, agents, or volunteers associated or to be associated with the activity for which the permit is being sought, to waive and relinquish all claims that may result in any manner against St. Paul's United Church of Christ, their officers, agents and employees, and authorized volunteers from said applicant. St. Paul's United Church of Christ insurance does not cover vendor or anyone assisting vendor or vendor's family.

### HOLD HARMLESS AGREEMENT:

Vendor has read and understood the Ellsworth Farmers Market Rules and Regulations. Vendor will sell only what is listed on the application. Vendor is responsible for the quality and safety of what s/he sells. Vendor shall indemnify, keep and hold harmless SPUCC and their officers, agents and employees, and authorized volunteers from and against, any and all claims and demands, whether for injuries to persons, or loss of life, or damage to property, on or off the premises, arising out of the use or occupancy of the premises by vendor and shall defend at vendor's own expense any action brought against SPUCC, their officers, agents and employees, and authorized volunteers and any of the above mentioned organizations or any other person or organization with which SPUCC and their officers, agents and employees, and authorized volunteers has a contractual relationship by vendor's acts or omissions.

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*Signature of Applicant*

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*Date*

OFFICE USE ONLY:

PD. \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

CASH

RECEIPT # \_\_\_\_\_