

Vendor Application - 2019

Business Name: _____ Owner Name: _____

Address: _____

City/St/Zip: _____

Phone #: _____ Cell #: _____

Email: _____ Rented Land Address: _____

Please indicate all dates you will attend the market. *

May	2 Opening Day	9	16	23 Blood Drive	30
June	6	13	20	27	
July	4 no market	11	18	25	
August	1	8	15	22	29
September	5	12	19	26	
October	3	10	17	24	31 Halloween

Product offerings - please be specific and include separate list in needed.

W.I.C. Certified? If so, certification # _____

Fee Schedule

Full Season Including \$10. Market Money for consumer change.	\$275.00
Full season, if payment in full received before 12/31/2018	\$225.00
Full season fee paid after 1/3/2019	\$275.00
Daily Fee	\$25.00
Total Paid	

Electric power needed? _____ (vendors must supply extension cords)

Over

Mission . . . present local farmers, food producers and artisans together for a community event.

Goals . . . Provide educational programs promoting local food consumption and host family friendly events.

Hold Harmless Agreement

In consideration for being permitted to participate in the Burlington Farmers Market. I agree to comply with the market guidelines, a copy of which I hereby acknowledge receipt. I also agree to hold harmless the City of Burlington, its officers, employees and agents, and the Burlington Farmers Management, its employees and volunteers from any and all liability for property damage or personal injury that may occur from any cause whatsoever including negligence as a result of my participation in the market.

The Burlington Farmers Market has my permission to publish, electronically or via print media, any photos taken at the market, for the purpose of promoting the market.

I have read and agree to abide with the Vendor Guidelines presented.

Vendor Signature: _____ Dated: _____

Printed Name: _____

Please submit; 2019 Application, Hold Harmless Agreement, Vendor Bio, Form 240-S, (Green forms) together with payment to:

**Burlington Farmers Market, Inc.
P.O. Box 309
Burlington, WI 53105**



Date Received: _____

Amount: _____ Check # _____ Cash _____

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