2010 Turtle Lake Farmers' Market Vendor Application

Name: _____

Name of others involved: _____

Business Name:_____

Mailing Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone: _____ **Cell phone:**_____

E-mail: _____

License # _____
_____

- For Internal Use Only -

Annual Membership Fee: $50.00
____ Partial Season Vendor
@ $15.00 per Session

Date Paid: _____
Check # _____
Receipt # _____

Application Approval Date:
_____

_____ License Required
_____ License # Verified

License # _____
_____

Name the products you intend to sell at the market:

_____

_____

Estimated Season: _____

Please describe your farm/business (i.e. PT or FT? How many acres? Certified Organic? How long have you been a producer? What else?)

_____

_____

_____

Are you willing to serve on the Board of Directors: _____Yes _____No
Are you willing to share Recipes which include ingredients you sell to customers?___Yes___No

I understand and agree to the Turtle Lake Farmers' Market Rules for 2010 and hold the Turtle Lake Farmers' Market Association and the Village of Turtle Lake harmless for any and all incidents related to my individual sales and vending display and maintain responsibility to ensure my product's safety at the time of sale.

Signature_____ **Date:** _____

Checks Payable to Turtle Lake Farmers' Market Association – PO Box 162 | Turtle Lake WI 54889