

<input type="checkbox"/> Payment Received
<input type="checkbox"/> Approved <input type="checkbox"/> Denied

**2024 CONTRACT AGREEMENT - JUNE 13 – OCTOBER 12, 2024**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Names of other individuals working at your booth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

In the event of a market day closure and or important updates are we able to text the number above?  Yes  No

Can we share your contact information with visitors who inquire about your products/services?  Yes  No

Vendor space are available for a seasonal fee of \$50 for a stall for each market day. Day pass are \$10.00 a day up to a maximum of \$50.00 for the season per stall (stalls are roughly 12x12). Requests for more than one space are subject to the authorization of market manager.

**Market Day Fees:**  Thursday/\$50  Saturday/\$50  Thursday & Saturday/\$100  Drop-In/\$10 Day

**Payment =** \_\_\_\_\_ # of Stall(s) Leasing X \_\_\_\_\_ Market Day Fee(s) = \_\_\_\_\_ Total

First day you will attend market: \_\_\_\_\_ Last day you will attend market: \_\_\_\_\_

List any planned absent day(s): \_\_\_\_\_

Permits, license and certificates – **Attached most recent copy (REQUIRED)**

Type	Copy Attached	N/A
Temporary Food Services Permit / Dept. of Health	<input type="checkbox"/>	<input type="checkbox"/>
Organic Certified	<input type="checkbox"/>	<input type="checkbox"/>

**Wisconsin Seller's Permit Information** (For questions contact Dept. of Revenue at 608-264-4582 or [DORTempEvents@Wisconsin.gov](mailto:DORTempEvents@Wisconsin.gov))

If you are claiming your sales are tax exempt, please select your exemption code:

- 1** - Exempt sales only or display only                       **3** - Nonprofit occasional sales exemption  
 **2** - Multi-level marketing company pays sales tax             **4** - Exempt occasional sales

Wisconsin Seller's Permit Number (15 digits starting with 456) 456-	SSN (last 4 digits)	FEIN (last 4 digits)
Legal Business Name (if not sole proprietor)	Doing Business As (DBA) Name (if applicable)	
Vendor/Contact Name (Last)	Vendor/Contact Name (First)	
Mailing Address <input type="checkbox"/> same as above	Email Address <input type="checkbox"/> same as above	
Multi-Level Marketing Company (if claiming Code 2 above)		

Please select vending type. Items must meet guidance from rules and regulations document.

- Farmer/Grower/Rancher** – Producer growing/raising vegetables, fruits, herbs, nursery stocks, eggs, meat, etc.
- Ready to Eat Food** - foods prepared by the seller on site.
- Value-added Artisan food vendors** - wines, cheese, baked goods, salsa, jam, honey, etc.
- Wild caught/foraged foods** - seafood, river fishes, wild mushrooms, huckleberries etc.
- Arts and Crafts** – Handmade items; art, soap, sewn products, jewelry etc.
- Services** – knife sharpening, massage, etc.

Provide description of products to be sold:

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Do you require electricity for your booth space? (*Management will notify vendor if power is not available and vendor will be responsible to supply a **quiet-running generator***)  Yes  No

In addition to your home mailing address, provide up to two physical addresses for your business' primary point(s) of production/growing/cultivating. No. PO Boxes.

\*Primary Production Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Second Production Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please include with this application any branding materials or farm/business photos that could be shared through social media in an email to [Mai.Thao@woodcountywi.gov](mailto:Mai.Thao@woodcountywi.gov)

**By signing, vendor agrees to:**

1. Abide by the Rules and Regulations of Wisconsin Rapids Downtown Farmers' Market, of which, any part may be amended, modified, or added by the Market Manager at any time with or without due notice to Vendor.
2. Abide by all State of Wisconsin Laws, Ordinances of the County of Wood and Ordinances of the City of Wisconsin Rapids.
3. Indemnify and hold harmless the City of Wisconsin Rapids and County of Wood/ Wood County Health Department from any and all claims arising out of the Vendor's use of the leased space.
4. Be solely responsible for the property of Vendor while located upon the city right of way. Vendor is advised to carry insurance for loss and public liability.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The above signed having read and in agreement with the terms of this application, hereby applies for entry and participation in the Wisconsin Rapids Downtown Farmer's Market for the 2024 season.***

**CONTRACT AGREEMENT MUST BE COMPLETED AND RETURNED WITH PAYMENT:**

Vendor spaces are not confirmed until the contract agreement along with all supporting documents approved by market management and payment is received. Vendors will be notified of acceptance.

Make check payable to **Wood County Health Department**. Mail completed forms to:

**Wood County Health Department**  
**Attention: Mai Thao**  
**111 West Jackson Street, Suite 301**  
**Wisconsin Rapids, WI 54495**