

2025 Dousman Farmers Market Vendor Application

Name: _____

Address: _____

Phone: _____ Alternate

phone: _____

Email(please): _____ Website(optio
nal)

Please complete all applicable information:

1. Are you a: Farmer ___ Crafter ___ Other ___

2. What Items will you sell:

___ Vegetables ___ Fruits ___ Flowers ___ Plants ___ Honey ___ Maple Syrup

___ Other(specify; include license number for processed foods)

3. Site Payment

___ One Stall for Season 24 weeks \$100

___ Two Stalls for Season \$200 (maximum 2 stalls per vendor)

___ One Stall for One Week \$15

___ One stall ½ season 11 weeks \$75

4. Weekly Participant what week(s) do plan on attending?

5. Web Page Listing

Name as Listed: _____

Products

Available: _____

Do your products vary throughout the season? Yes ___ No ___

Include Phone Number: Yes ___ No ___ Email: Yes ___ No ___

6. Willing distribute flyers: _____

Youth Vendor Statement of Parent's Responsibility

I have read the *Dousman Farmers' Market Policies and Procedures* and reviewed them with my child that is interested in participating in the market. I understand that my child needs to abide by the same rules as the adult vendors. I take responsibility for my child's actions at the market and will accept the consequences of such actions.

Parents Name: _____ Parents

Signature: _____

Vendor's Statement of Understanding

- I, _____, have read and understand the Policies and Procedures as described for the Dousman Farmers' Market and hereby agree to abide by them. Further, I agree to sell only those items as listed in the Policies and Procedures. I further acknowledge full responsibility for all my activities (and those assisting me) in the Dousman Farmers' Market throughout the term of this permit. I have read the Wisconsin Food Safety Regulations and understand that Waukesha County may require further permits for selling, depending on the goods. By signing this agreement, I agree that **All my items at the market(including produce, plants, flowers, herbs etc.)are grown or produced**

on land owned,rented or leased by the actual vendor in Wisconsin.I also agree to an on site inspection of the growing area

I understand that violations of these Policies and Procedures may result in my being barred from further participation in the market. I also understand that the Dousman Area Chamber of Commerce , Dousman/Ottawa Lion's Club and Cory Park do not carry any insurance policies to cover individual participants and that I am hereby considered carrying my own personal liability and product liability policies. The Dousman Area Chamber of Commerce,Dousman/Ottawa Lion's Club,Cory Park,Dousman Village Hall and St. Mary's Church reserve the right to modify the Policies and Procedures as needed at any time. Vendor agrees to indemnify and hold the Dousman Area Chamber of Commerce,and Cory Park,Dousman Village Hall,St. Mary's Church and Dousman/Ottawa Lion's Club harmless from any and all claims and liabilities.

Signature: _____ Date: _____

Make checks payable to:**DOUSMAN AREA CHAMBER OF COMMERCE**

Judy Engel

att. Dousman Farmer's Market

W324S4050 Bartell Ct

Waukesha,Wi.53189

Vendor Information

If vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt.enter exemption code number provided by vendor.

1. Exempt sales only or display only 3. Non profit occasional sales exemption
2. multi-level marketing company pays sales tax 4. Exempt occasional sales

Wisconsin Sellers permit number(15 digits starting with 456)-456

SSN(last 4 digits)-

FEIN(last 4 digits)-

Exemption Code-

Legal business Name(if not sole proprietor)

Doing business as(DBA) Name if applicable

Vendor contact name(last)-

Vendor contact name(first)-

Vendor phone number-

Mailing address-

email address-

City-

State-

Zip-

Multi- Level Marketing Company(if claiming code 2 above)