



2016 ARTISAN VENDOR APPLICATION

City of Menasha Farm Fresh Market
140 Main St.
Menasha, WI 54952
Phone: 920-967-3644

E-mail: menashamarket@ci.menasha.wi.us



BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE # : _____

E-MAIL : _____

ADMINISTRATIVE USE ONLY:

No. of weeks requested:

Total Paid:

Date Recv'd:

Stall No:

Received by:

Please provide complete and specific descriptive information for all items that you intend to sell at the market. All items sold at the market should be listed and must be quality hand crafted or home made locally. Attach a photo if possible.

Special Note to Artisan Applicants:

Are you interested in attending the market on alternate weeks? If so, please contact us as soon as possible so we can try to pair you with another vendor for the season. The objective is to create more diversity in the market offerings while still making it possible for you to establish yourself with a regular customer base. If we can successfully pair you with another vendor, we will extend the full season price to both of you, provided the space is paid for in advance. If you have questions please call Allie at 920-967-3644.

Stall Options (21 total Thursdays):

12' x 17' Grass Stall

15 - 21 Thursdays - \$7 per week

8 - 14 Thursdays - \$8 per week

1 - 7 Thursdays - \$10 per week

10' x 10' Concrete Stall (limited availability)

15 - 21 Thursdays - \$5 per week

8 - 14 Thursdays - \$6 per week

1 - 7 Thursdays - \$8 per week

Please circle the dates you plan to attend:

June	9	16	23	30	
July	7	14	21	28	
Aug.	4	11	18	25	
Sept.	1	8	15	22	29
Oct.	6	13	20	27	

(October 27th - downtown trick or treat event, includes farm market vendors)

Please indicate your stall preference (refer to attached map):

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Number of dates attending _____ X _____ (cost per week) = \$ _____ Total Fee

Early Bird Discount: Pay in full by 4/15/16 and deduct 10% from your total space rental!

Discount = \$ _____

\$ _____ Total Paid by 4/15/16

Please include payment with your completed application. Your stall will not be reserved until payment is received.

AFFIDAVIT

I agree to sell at Menasha Farm Fresh Market only the items listed above. I acknowledge full responsibility for all my activities in the Market (and those assisting me, i.e. family members, partners, etc.) throughout the term of this season. I also understand that I am responsible for my own personal and product liability insurance. I certify that the information given in this application is true and correct. I understand that market management reserves the right to refuse any product or application at any time for any reason. I acknowledge receipt of the rules and intend to follow them or recognize that I am subject to forfeiture of my vendor stall for the remainder of the season without refund.

SIGNATURE _____

DATE _____

After April 15, you will be contacted by the City of Menasha to confirm your date(s) requested and your stall location.