



CLINTONVILLE AREA CHAMBER OF COMMERCE

1 S. Main Street, Clintonville WI 54929 | www.clintonvillewichamber.com | 715-823-4606

2021 Clintonville Farmer's Market Vendor Application

Farm or Business Name: _____
 Name of Owner/Owners: _____
 Email Address: _____
 Website Address: _____
 Mailing Address: Street: _____ City: _____ Zip: _____
 Primary Contact Number: (_____) _____ - _____

Products Available

Please check all items you anticipate selling at the Market:

<input type="checkbox"/>	Baked Goods	<input type="checkbox"/>	Cucumbers	<input type="checkbox"/>	Meats	<input type="checkbox"/>	Salad Greens
<input type="checkbox"/>	Beans	<input type="checkbox"/>	Cut Flowers	<input type="checkbox"/>	Melons	<input type="checkbox"/>	Specialty Foods
<input type="checkbox"/>	Berries	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	Organic fruits/veg.	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Broccoli	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Peppers	<input type="checkbox"/>	Tomatoes
<input type="checkbox"/>	Cabbage	<input type="checkbox"/>	Eggplant	<input type="checkbox"/>	Plants/Shrubs	<input type="checkbox"/>	Arts and/or Crafts
<input type="checkbox"/>	Cheese	<input type="checkbox"/>	Gourds	<input type="checkbox"/>	Potatoes	<input type="checkbox"/>	Prepared Foods
<input type="checkbox"/>	Corn	<input type="checkbox"/>	Herbs	<input type="checkbox"/>	Pumpkins	<input type="checkbox"/>	Music/Entertainment

List all craft or menu items you will be selling on the back of this form.

*Other: _____

Space Reservation

Space reservations may be requested but are not required. Reserved spots MUST be setting up by 2:30PM or these spots will not be guaranteed. If you choose NOT to reserve a spot, you will take the next available unreserved spot. If you arrive **AFTER 2:30PM** please set up in the next available spot in line, reserved or not. **Participants MUST stay until 6:30PM unless you have run out of product.** If you will not be attending the Market for any reason, please contact the Chamber to inform us of your absence. *

Market Dates: June 10th through October 7th, 2021, from 3:00PM to 6:30PM

		Amount Due:	
<input type="checkbox"/>	Full Season Regular Rate \$50	Number of stalls _____ x \$50 =	\$
<input type="checkbox"/>	Weekly Rate \$5 (list dates below)	No. of weeks _____ x No. of stalls _____ x \$5 =	\$

Weekly Dates: _____

Lot Choices: #1 _____, #2 _____, #3 _____

Please make checks payable to : **Clintonville Area Chamber of Commerce**

** I have read the rules, regulations, and policies as described for the Clintonville Farmer's Market and hereby agree to abide by them. I understand that these rules are subject to change due to COVID Policies. If these rules do change, I understand that I will be emailed at my provided email to be informed and am responsible for knowing these updates. All concerns and or disputes should be brought to the attention of the Clintonville Chamber of Commerce. Discrimination of any kind is not allowed at the market. I acknowledge I am responsible for the products I offer for sale. I agree to hold the Clintonville Chamber of Commerce harmless from any claims, liabilities, costs, and expenses incurred due to any personal injury or property damage.*

Printed Name: _____ Signature: _____

Date: _____

Paid: _____
 Lot #: _____
 Initials: _____

***3 consecutive weeks of unexcused absences at the Farmer's Market will result in the forfeiture of any reserved spots.**