



# Jefferson Farmers Market Vendor Application

Thursdays June 6-October 3, 2019 - 3 pm to 7 pm  
Second Saturday of the Month 10 am -3 pm (6/8, 7/13, 8/10, 9/14)  
Malicki's Piggly Wiggly Parking Lot 921 W. Racine Street



Vendor Name: \_\_\_\_\_ Name of Business/Organization \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_ (Confirmation sent via email/postal mail) Please print clearly.

Product(s) you will be selling at the Market: \_\_\_\_\_

**Vendor Alternate Representative (s): Must be family member or participant in production of products sold.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Type of Application Seasonal fee** - \$65.00 for 18 weeks (paid by 4/1/2019) \_\_\_\_\_ \$85.00 after 4/1/2019 \_\_\_\_\_  
**Daily fee** - \$10

**\* Vendors are required to retain regular attendance at the market. Vendors from the 2017 Farmers Market Season receive first placement at the Market, according to product.**

Vendor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the above named vendor read the 2019 Jefferson Farmers Markets Rules and Regulations. I also understand that the Jefferson Farmers Market Committee will review the submission of my application which does not guarantee vendor participation. Vendors Approved for 2019 Farmers Market Season will be notified via email, or postal mail. No Flea Market items are allowed. Application, vendor fee, required county and state permits, along with the Wisconsin Temporary Event Operator and Seller information must accompany vendor application. This form can be found at [revenue.wi.gov/html/temevent.html](http://revenue.wi.gov/html/temevent.html). Please mail to 317 S. Main Street, Jefferson, WI 53549/email [JFMManager2012@gmail.com](mailto:JFMManager2012@gmail.com) or contact Cheryl Ann Stegman 920-650-7841

### 2019 Jefferson Farmers Market Rules and Regulations

**License, Permit, Labeling and Permission Information:** All vendors are required **to supply copies of state and county licenses** issued by regulatory agencies as required for your product(s). It is the vendor(s) responsibility to obtain and provide to the Market Manager copies of all licenses and permits required for the sale of vendors' products at the JFM. **Liability Insurance-** Vendors are responsible for their own personal and product liability insurance. Insurance is encouraged for all vendors, and those selling potentially hazardous foods. **Labeling-** Vendors are responsible for meeting all label requirements. For updates you may visit the Wisconsin Department of Agriculture, Trade, and Consumer Protection at (608)-266-2776, or the Watertown Health Department at (920)-262-8090 for more information.

**Agreement:** I have read the rules, regulations and policies as described for the JFM and hereby to abide by them. I agree to sell at the JFM the items on this application. I acknowledge these products must be of my own production. I agree that the JFM has the authority to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct rule violations set forth in the market rules. Discrimination of any kind is not allowed at the market. I understand that the JFM does not carry any insurance policies to cover individual participants. I may be required to carry such insurance. I am responsible for the products I offer for sale, the employees, volunteers and others who assist me, planning material setup operation and tear down of my vendor stand and the product display. I agree to hold the City of Jefferson, AJ Foods, LLC d/b/a Malicki's Piggly Wiggly and AJ Jefferson Real Estate, LLC harmless from any claims, liabilities, costs and expenses incurred due to any personal injury or property damage resulting from or caused by my products, any components of my vendor stand, or the employees, volunteers and contractors who help me operate my stand and I agree to indemnify the above mentioned businesses for any claims, liabilities or costs including attorney fees and other legal costs, it incurs related to such personal injury or property damage.

# Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

*Instructions on reverse side.*

E V E N T  O P E R A T O R	<p><b>PART A: Event Information: To be completed by the operator of the temporary event</b></p> <p>1. Name of Temporary Event _____</p> <p>2. Date(s) of Temporary Event _____</p> <p>3. Location of Temporary Event (e.g., Venue, City) _____</p> <p><b>PART B: Operator Information: To be completed by the operator of the temporary event</b></p> <p>1. Name and Address _____</p> <p>2. Daytime Telephone Number (     ) _____</p> <p>3. Email Address _____</p> <p>4. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>If blank, check appropriate box:</p> <p><input type="checkbox"/> No Taxable Sales      <input type="checkbox"/> Exempt under Occasional Sales Rule      <input type="checkbox"/> Exempt Nonprofit Organization</p> <p><input type="checkbox"/> Other – Explain: _____</p>						
S E L L E R	<p><b>PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.</b></p> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;"> <b>THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS</b> </div> <p>1. Legal Name _____</p> <p>2. Business Name _____</p> <p>3. Address (Street or Route) _____</p> <p>4. City, State and Zip Code _____</p> <p>5. Home Telephone Number (     ) _____</p> <p style="padding-left: 20px;">Business Telephone Number (     ) _____</p> <p>6. Wisconsin Tax Account Number _____ - _____ - _____</p> <p>7. Social Security Number X X X - X X - _____</p> <p>8. Federal Identification Number (FEIN) X X - X X X _____</p> <p>9. Check one box indicating the type of activity you intend to engage in at this event:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Selling Taxable Merchandise or Service</td> <td><input type="checkbox"/> Display Only</td> </tr> <tr> <td><input type="checkbox"/> Selling Exempt Merchandise or Service</td> <td><input type="checkbox"/> Exempt under Occasional Sales Rule</td> </tr> <tr> <td><input type="checkbox"/> Direct Sellers, Company Name _____</td> <td><input type="checkbox"/> Nonprofit Organization</td> </tr> </table>	<input type="checkbox"/> Selling Taxable Merchandise or Service	<input type="checkbox"/> Display Only	<input type="checkbox"/> Selling Exempt Merchandise or Service	<input type="checkbox"/> Exempt under Occasional Sales Rule	<input type="checkbox"/> Direct Sellers, Company Name _____	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Selling Taxable Merchandise or Service	<input type="checkbox"/> Display Only						
<input type="checkbox"/> Selling Exempt Merchandise or Service	<input type="checkbox"/> Exempt under Occasional Sales Rule						
<input type="checkbox"/> Direct Sellers, Company Name _____	<input type="checkbox"/> Nonprofit Organization						

*I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.*

Print Name: \_\_\_\_\_

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

Information about temporary events, including forms, instructions and Common Questions can be found on the Department of Revenue's website at [revenue.wi.gov/html/temevent.html](http://revenue.wi.gov/html/temevent.html). If you have additional questions, please contact the Department of Revenue by email at [DORBusinessTax@revenue.wi.gov](mailto:DORBusinessTax@revenue.wi.gov) or telephone at (608) 266-2776. See reverse side for submission instructions.

**\*\* Do not email event reports to maintain confidentiality of seller information \*\***