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## Northside Farmers Market

### Application for Permission to Sell –Eighth Annual Market, 2012

Sundays, 8:30 am to 12:30 pm, May 1st through October 23rd

**Fill out completely and type or print all information clearly**

**Type of Application:**

Full Season     Early Season (May & June)     Late Season (September & October)     Daily

Do you anticipate growing enough products to keep your display at the market bountiful?     Yes     No  
 If not, will you be sharing a stall?     Yes     No

If you are sharing your stall with another vendor, who will that be? \_\_\_\_\_  
 (Please note that each vendor must submit a separate application even if they are sharing a stall.)

I would prefer a:     single stall     double stall

**Contact Information:**

Name of primary vendor \_\_\_\_\_

Name of business \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

e-mail \_\_\_\_\_ \* you will receive information via e-mail unless otherwise requested

**Qualified Helper(s)**

Name	Relationship to Business/Product
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Production Information**

1. Are you certified organic?     Yes     No    If yes, list certifying agency \_\_\_\_\_

2. Please briefly describe your production practices (i.e., organic, biodynamic, IPM, pasture raised, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Location of land (Road, Section, Township, County): \_\_\_\_\_

4. Size of growing area: \_\_\_\_\_

5. Location, size and number of greenhouses: \_\_\_\_\_

6. If applicable, name of processor and location of plant: \_\_\_\_\_

7. List expiration date and provide copies of license/licenses or permits required:

\_\_\_\_\_ Nursery      \_\_\_\_\_ Processing      \_\_\_\_\_ Mobile Retail License

8. For wild gathered items, state the location where gathered and attach permission of property owner.

\_\_\_\_\_

9. Please list all other farmers markets where you plan to vend this year:

Name of Market	Day of Week	Approximate Dates

10. Do you accept WIC produce vouchers?       Yes     No

11. Please briefly describe past or current connections you have to Madison’s Northside (business, personal, other):

**Affidavit**

I have read the rules, regulations and policies as described for the Northside Farmers Market and hereby agree to abide by them. I also acknowledge that the products I will sell must be of my own production and produced at the location described on my application. I acknowledge full responsibility for all my activities in the market (and for those assisting me) throughout the term of this season’s permit. I acknowledge the authority of the market manager/managers to immediately settle any disputes regarding product legitimacy, procedural and vendor conduct violations. I agree to allow for inspection of my records *or* of the premises where the products offered for sale are produced. These inspections will be carried out by the market manager/managers and/or representatives of the market at any time. I understand that the NFM does not carry any insurance policies to cover individual participants and that I assume responsibility for carrying such insurance.

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

**To be considered for the Northside Farmers Market, your application must be postmarked by March 15.**  
 Mail to: Northside Farmers Market, 1213 N Sherman Ave #123, Madison WI 53704, Attention: Robin Kempfer

**Please submit a \$50.00 deposit with your application (see Policies, Procedures, and Rules for fee amounts).** If you are accepted into the market, your remaining balance will be billed to you. If you are not accepted into the market, your check will be returned to you within two weeks of notification. Make the **check payable to the Northside Farmers Market**. All vendor fees are used for Market operational expenses, publicity and advertising.

**Please complete the list of ITEMS FOR MARKET on the next page.**

**Items for Market:** The following section will be helpful for us as we look to maximize the product variety and availability from week to week throughout the 6 months of our market. Please be as specific as you can. Attach additional sheets if necessary.

Product Description	Approximate Dates Available	
1.	From:	To:
2.	From:	To:
3.	From:	To:
4.	From:	To:
5.	From:	To:
6.	From:	To:
7.	From:	To:
8.	From:	To:
9.	From:	To:
10.	From:	To:
11.	From:	To:
12.	From:	To:
13.	From:	To:
14.	From:	To:
15.	From:	To:
16.	From:	To:
17.	From:	To:
18.	From:	To:
19.	From:	To:
20.	From:	To:
21.	From:	To:
22.	From:	To:
23.	From:	To:
24.	From:	To:
25.	From:	To:
26.	From:	To:
27.	From:	To:

**Questions?** Contact us at 608-695-0946 or [nfmmanager@yahoo.com](mailto:nfmmanager@yahoo.com)