

Viroqua Farmers Market 2024 Vendor Application

Personal and Business Information		
Full Name:		
	ime:	
	l:Phone:	
Website/URL (if a	pplicable):	
Wisconsin Sellers	Permit Number: If pending, please write	"pending."
Mailing Address		
Address:		
City:	State/Province:	Zip Code:
	oducts Are Grown / Produced (Leave bla	2
City:	State/Province:	Zip Code:
	eral description of the items you produce	
Are you intereste	d in doing a demo or presentation at the	market? (Circle one) Yes / No / Not Sure
Vendor Options (F	Please circle your choice)	
Seasonal Vendor I Daily Vendor Spac Daily Vendor Doul Kids Market Vendor	Space (\$150 due May 4th) Double Space (\$300 due May 4th) e (\$15 per day, due at market) Dle Space (\$30 per day, due at market) or Space (Free, First Saturday of the mon r (Free, 2 markets per season unless othe	-



If Non-profit or Kids Market Vendor, specify dates of attendance:

Please List Certifications and Licenses You Will Submit to the Viroqua Chamber

Stall Location Preferences (Based on the map provided. Note: Stall numbers have changed over last year.)

1. ______3. _____

Previous Participation

Were you a vendor in the 2023 Market Season? (Circle one) Yes, Daily vendor / Yes, Seasonal Vendor / No

Agreement

I have read and agree to abide by the Viroqua Farmers Market Rules of Participation. I understand that all applications are subject to approval and can be denied for any reason. I understand that all decisions are final.

(Signature)

Please return this completed application along with any required fees and documents to the address provided or complete your application online at [insert website URL]. For more information, contact the Viroqua Chamber office.