



## 2010 GROWER APPLICATION

THIS IS AN APPLICATION TO BE CONSIDERED FOR PARTICPATION, BUT DOES NOT GUARANTEE ACCEPTANCE.

NAME OF PERSON PRIMARILY RESPONSIBLE FOR STAFFING MARKET AND BUSINESS NAME:

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY OR SALES TAX #: \_\_\_\_\_

ADDRESS OF FARM OR GROWING LOCATIONS:

\_\_\_\_\_

NAME AND PHONE NUMBER OF LANDOWNER WHO OWNS PROPERTY ON WHICH PRODUCT IS GROWN:

\_\_\_\_\_

PLEASE GIVE A COMPREHENSIVE LIST OF ALL THE PRODUCTS YOU WILL SELL AT THE MARKET:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING AND ENDING DATES: \_\_\_\_\_

- Growers must have a current license from the City of Milwaukee Health Department. For information on obtaining this permit, contact the City of Milwaukee Health Department at (414) 286-3521.
- Growers selling non-food items (i.e. flowers) must also include a copy of their Wisconsin Seller's permit or social security number. Market staff will provide vendor information to the Department of Revenue in accordance with all state laws. Please call the Wisconsin Department of Revenue at (608) 266-2776 for more information on obtaining a Wisconsin Seller's Permit.
- **Grower fees are \$30 per day or \$350 for the 22-day season (June 2-Oct. 7 2010).** For convenience, we strongly encourage you to buy a seasonal spot. Seasonal Fees are due by May 21<sup>st</sup>.

**PLEASE FILL OUT PAGE TWO**

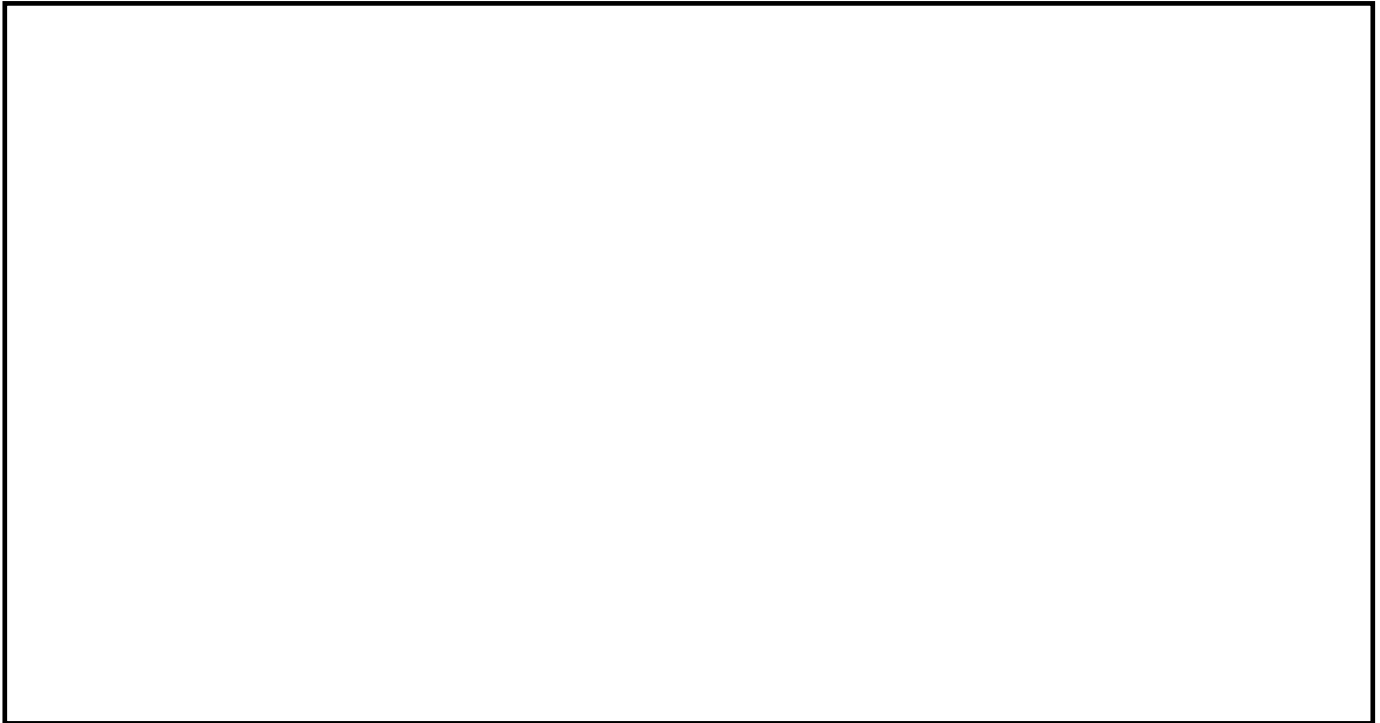
PLEASE PROVIDE WRITTEN DIRECTIONS TO YOUR FARM AND SPECIFICALLY TO EACH OF YOUR FIELDS AS WE WILL BE CONDUCTING FARM CHECKS THROUGHOUT THE SEASON:

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PLEASE DRAW A MAP TO YOUR FARM AND FIELD:



**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION:**

Selling privileges at the Westown Farmer’s Market are extended to growers under certain conditions as stated in the Westown Farmer’s Market Rules and Regulations.

I have read and understand the rules and regulations of the Westown Farmer’s Market. I agree to abide by these rules and regulations and the authority of the Westown staff. I understand that selling must be done under proper state and local licensing and that procurement of such licenses is my responsibility.

I agree to protect, indemnify, and hold harmless the Westown Association, the City of Milwaukee and Milwaukee County (the “released parties”) from and against any and all causes of actions, claims, demands, suits, liability or expense by reason of loss or damage to any property or bodily injury to any person, including death, as a direct or indirect result of the use of any rented or occupied market space or in connection with any action or omission of the vendor who shall defend the released parties in such cause of action or claim.

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Applicant’s Signature

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Date

**MAKE CHECKS PAYABLE AND MAIL TO:** THE WESTOWN ASSOCIATION, 633 W. Wisconsin Ave. Suite 409, Milwaukee, WI 53203. For more information, please call (414) 276-6696 or e-mail [events@westown.org](mailto:events@westown.org).