



2024 PRODUCE/CRAFT/BAKED GOODS VENDOR APPLICATION

Summer Market Dates from May 30, 2024 to October 5, 2024

Winter Market Dates: October 19 & 26; November 16 & 23; December 14 & 21

The Jackson County Farmers Market was established to provide area farmers and crafters with an alternative marketing opportunity and to promote quality fresh, locally grown and locally produced products. By signing this application, I agree to uphold this standard to the best of my ability.

Applicant's Name: _____

Business Name: _____

Address where produce is grown or where items are made: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

Phone #: _____ Email: _____

Wisconsin Sellers Permit: 456- _____

SSN (last 4 digits): _____ FEIN (last 4 digits): _____

Products to be sold at JCFM: _____

Please review the following websites regarding licenses and certification that you may need to sell at the Jackson County Farmers Market.

- Organic Production and Handling Standards
<https://www.ams.usda.gov/sites/default/files/media/OrganicProductionandHandlingStandards.pdf>
- Wisconsin "Pickle Bill" https://datcp.wi.gov/Pages/Programs_Services/FHomeCannedFoods.aspx
- Wisconsin "Cookie Bill" https://datcp.wi.gov/Pages/Licenses_Permits/HomeBakers.aspx

After reviewing, please list the certifications and licenses that you will be submitting prior to selling. All documents must be dated for 2024. If not applicable, please indicate.

I plan to attend the market during the following dates:_____

Per Rule 23 of the 2024 JCFM Rules I understand that in signing the Application the vendor agrees to allow the Market manager, or their representative(s), to tour their farm or production facility, take and publish photographs, and provide general vendor information for promotional purposes related to the JCFM.

I understand that for the 2024 summer market, booth space will cost \$60 for **each** 12 x 12-foot space. Yes () No ()

Winter Market booth costs will be \$50.00 for an 8 foot provided table.

Make checks payable to [**Jackson County Farmers Market**](#)

I have read and agree to abide by the Jackson County Farmers Market Rules of Participation. I understand that all applicants are subject to approval and can be denied for any reason. I understand that all decisions are final. Yes () No ()

Signature of Applicant:_____Date:_____

Acceptance of this agreement entitles the above vendor to participate in the Jackson County Farmers Market.

Please complete and return to Jackson County Farmers Market, PO Box 946, Black River Falls, WI 54615. Please contact the Market Manager at 608.770.2240 if you have any questions regarding the application.