



PORT WASHINGTON FARMERS MARKET
NEW VENDORS

2019 Vendor Application & Agreement

Business Name:	Street Address:
Contact Person:	City, State, Zip:
Phone:	E-mail address:
Company Internet Address (if available):	Date:
Vendor/Product type:	(For office use) Payment confirmed:

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR NEW VENDOR APPLICATION:

- A general summary of your product or business.
- Photos that showcase your products and/or business/farm.
- A history of other markets you have served as a vendor or been affiliated with. Contact information of oversight organizations/individuals at those markets.
- A description of why you would like to be involved with the Port Washington Farmers Market versus other markets in the area

PLEASE CHOOSE FROM THE OPTIONS BELOW and SPECIFY NUMBER OF SPACES NEEDED:

- I am requesting ___ vendor space(s) for the full-season, June 8th to October 26th (\$175.00/per space - payable with this application and vendor agreement). A full-season vendor spot includes all dates, both peak and off-peak.
- I am requesting ___ vendor space(s) for each of the dates circled on the schedule below during the peak season, July 6th to October 26th and specified in bold. (\$20.00/per space for each date - payable with this application and vendor agreement).
- I am requesting ___ vendor space(s) for each of the dates circled on the schedule below during off-peak season, June 8th to June 29th and specified in regular font (No payment required).

CIRCLE ALL DESIRED DATES YOU WOULD LIKE TO BE A VENDOR ON THE SCHEDULE BELOW.

June 8	July 6	August 3	September 7	October 5
June 15	July 13	August 10	September 14	October 12
June 22	July 20 - No Mkt	August 17	September 21	October 19
June 29	July 27	August 24	September 28	October 26
		August 31		

I understand the terms of the vendor agreement and agree to abide by all these conditions and policies set forth by the Port Washington Main Street Association and Farmers Market Committee. If these policies are not fulfilled by me or my employees, I understand that my vendor agreement may become void and I may be subject to any associated fees as may be assessed by Port Washington Main Street Association.

Signed: _____ Date: _____

If you are sending hard copies of the vendor application, please mail the forms to EACH of the following addresses:

Port Washington Main Street
Attention: Farmers Market Vendor Application
222 East Main Street, Ste. 214
Port Washington, WI 53074

Ross Leinweber
Attention: Farmers Market Vendor Application
861 East Glen Avenue
Whitefish Bay, WI 53217

**Please make all checks payable to: Port Main Street Inc.
Please send all payments to the Whitefish Bay address.**

*If you would like to send scanned copies of the applications, please forward them to **EACH** of the following email addresses. Please send payments to the Whitefish Bay address listed above.*

SCANNED COPIES SENT TO:

PWFM Committee Chair - Ross Leinweber: rlleinweber@cedarroadcapital.com

Port Washington Main Street: director@visitportwashington.com

