

# Winona Farmers Market Application Form



Grower's Name/s: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address: \_\_\_\_\_

Address where product/s are grown, raised or prepared: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Distance from growing site to Winona \_\_\_\_\_ miles

WFM (Winona Farmers Market) lists Market Members on our web page [www.winonafarmersmarket.com](http://www.winonafarmersmarket.com)

Circle any information that we should **not** list:

phone            land-mail address            e-mail address            web site

WFM weekly market season runs from May-October. Market days are Saturday mornings and Wednesday afternoons.

Which day/s will you sell at Market? (circle) Saturdays    Wednesdays    Saturdays and Wednesdays

Which month will you (estimate) start selling at the Winona Farmers Market? \_\_\_\_\_

How many weeks will you be present (estimate) at the Winona Farmers Market? \_\_\_\_\_

Please list items that you plan to sell through-out the season. Attach extra sheet if needed.

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Are you aware of the Pickle Bill and all regulations around selling processed foods? (Please skip if not applicable?) yes \_\_\_\_\_ no \_\_\_\_\_ (please ask WFM Board or Staff for a copy)

Do you commit to abide by all of the Pickle Bill regulations? \_\_\_\_\_

**I have read the rules and regulations of the Winona Farmer's Market. I understand them and agree to follow them. I also meet the criteria for Market Members. The application information I have provided is true and correct.**

Vendors' full name (please print) \_\_\_\_\_

Vendor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By March 26<sup>th</sup>, 2011 please provide:**

- 1) Completed WFM vendor application
- 2) Proof of insurance liability for selling off the farm, and
- 3) 2011 WFM stall fee- checks made payable to Winona Farmers Market