

Vendor number _____

Vendor start date _____



Many Trails Farmer's Market Vendor Application

Farm or Business Name:
Name of Owner or Owners & anyone who will be selling for you at the market:
Owner's Email Address:
Website Address (optional):
Complete Mailing Address:
Street Address of Farm or Business if different from mailing address:
Phone:
Cell:

Products Available

Please check all items you anticipate selling at the market:

<input type="checkbox"/> Beans	<input type="checkbox"/> Berries	<input type="checkbox"/> Broccoli	<input type="checkbox"/> Cabbage
<input type="checkbox"/> Corn	<input type="checkbox"/> * Crafts	<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Cut flowers
<input type="checkbox"/> Eggplant	<input type="checkbox"/> Herbs	<input type="checkbox"/> Melons	<input type="checkbox"/> Plants / Shrubs
<input type="checkbox"/> Peppers	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Pumpkins / Gourds	<input type="checkbox"/> Salad Greens
<input type="checkbox"/> Squash	<input type="checkbox"/> Tomatoes	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

I understand and agree to sell only those products I helped to grow and produce locally. I further understand that the sale of any goods not grown or produced by myself, the reselling of goods, or the sale of goods that have been traded or bartered for is not permitted.

I understand and agree to sell only those edible products which are wholesome and unspoiled.

I understand and agree to abide by the Many Trails Farmer's Market rules and all Stockbridge – Munsee Tribal Laws and I certify that the information given in this application is true and correct.

I understand that I am required to pass a background check prior to becoming a vendor at the Many Trails Farmer's Market.

I understand that I must be at least 18 years of age to sell at the Many Trails Farmers Market.

I understand and agree that by signing this vendor application, I release the Stockbridge – Munsee Community, its employees, agents, representatives, and volunteers working at the Many Trails Farmer's Market from all liability whatsoever for claims of loss, damage or injury to myself, my merchandise, or my employees.

Signature: _____

Print Name: _____

Date: _____

Please Return to:

Land Management Department
Attn: Kellie Zahn
PO Box 70
Bowler, WI 54416

Or Email:
Kellie.zahn@mohican-nsn.gov