



2016 Vendor Registration Form

*Proprietor's Name _____

*Business Name _____

*Email _____

*Address _____

*City _____ State _____ Zip _____

*Phone _____ Cell _____

*EIN or Security Number _____

**required information, email not required if the vendor has no e-mail account*

Products (list all):

Dates Available:

_____	_____
_____	_____
_____	_____
_____	_____

***If more space is needed, please attach sheet with product information.*

Primary vending vehicle (i.e. car, truck, 15-passanger van, box truck): _____

Dates of participation:

- _____ All Season (May 1 – Oct 30) 27 weeks
- _____ Early Season (May 1 – June 26) 9 weeks
- _____ Mid Season (July 3 – August 28) 9 weeks
- _____ Late Season (September 4 – October 30) 9 weeks
- _____ Specific dates requested: _____

Vendor Space Location Preference:

Returning vendors will be assigned the same location as last season

_____ I request a single booth

_____ I request a double booth

Special requests (i.e. electric, single booth for part season etc): _____

Volunteer Information:

_____ I would like to help organize a special event

_____ I would like to donate something towards a special event

_____ I would like to lead a demonstration about my product (ex: bee keeping, cooking, soap making, etc.): _____

Other Comments/Suggestions:

I have read all of the rules and agree to them

Signature _____ **Date** _____

Send completed form to: MononaFarmersMarket@gmail.com or to Stacy Iruk at P.O. Box 6711 Monona, WI 53716

Non-profit organizations and musicians have different application forms that may be found at www.mononafarmersmarket.com.