



Eagle River Farmers' Market

Crafter Application 2019

Vendor Name (please print)

Business Name _____

Business Website: _____

Address _____ City _____

State _____ Zip Code _____

Phone _____ Email _____

Number of stalls requested _____ Electricity needed _____ yes _____ no

The products I will offer for sale will include (be specific and include all products):

Please include a short promotional note about your business to be used for marketing. Include a photo or copy of your logo if possible.

Market Days (Circle Selections):

WEDNESDAYS

SUNDAYS

Booth Payment

Weekly _____

Season _____

Seasonal payment due on or before first market (May 15, 2019)

Weekly payment will be collected on site each week.

I have read and agree to the terms of the enclosed:

Eagle River Farmers' Market Policies, Guidelines and Conduct Code.

Signature Required

Date

Return this signed agreement to:

Martha Geiseman, Executive Director Eagle River Main Street Program
P.O. Box 2302, 525 E. Maple St. Eagle River, WI 54521 (715) 477-0645

Thank you for your interest and support of your local Farmers' Markets.

APPROVED:

Market Committee Member

Date

