



2026 FARMERS MARKET VENDOR APPLICATION



Please Note: Vendor Applications are Due May 15th, if your application is approved, you will be invoiced for the vendors fees which are due May 29th. We have a lot of vending interests, so apply early to get in. We are looking at a 40-70 vendor turn out. Spots are filling up fast!

Vendor Information

Business Name: _____

Vendor Name (First & Last): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Business & Tax Information (Wi guidelines Require a Seller's Permit or WI Tax ID to enter)

Type of Business: Individual LLC Corporation

Required Seller's Permit Number: _____

Wisconsin Tax ID (if applicable): _____

Are you claiming exemption? Yes No

If yes, explain: _____ Cottage Food Laws Occasional Sales

Products to be Sold (List ALL items)

Category (check all that apply):

Fresh Produce Meat Eggs Dairy Baked Goods (Cottage Food)

Prepared Foods Crafts/Non-Food Herbal Products

NOTE: Only approved items may be sold at the market.

Production Details

Products are:

Grown by me Homemade by me

Farm/Production Location: _____

Food Safety & Licensing

Do you need a Temporary Food License? Yes No

Operating under Cottage Food Law? Yes No

Food Safety Certification (if applicable): _____

Describe handwashing setup (if applicable): _____

Cold storage/refrigeration method: _____

Insurance Information for Farmer's Markets

If you have insurance, please include the following

Insurance Provider: _____

Policy Number: _____

Expiration Date: _____

Booth Information

Booth Sizes are 10' x 10'

Equipment: Tent Tables Generator Other _____

2026 Full Season: June 6,13, 20, 27 July 4, 11, 18, 25 Aug 1, 8, 15, 22, 29 Sept 5, 12, 19, 26

Attendance

Full Season Occasional Vendor (1-2/month)

Dates attending: _____

Vendor Fees – When applications are approved, we will send out an invoice for your vendor fee.

Full Season (17 weeks) \$250/season

2 times a month (8 weeks) \$160

1 time a month (4 weeks) \$100

Additional Information (Optional)

Website/Social Media: _____

Payment Types Accepted: Cash Card Other _____

Emergency Contact Name & Phone: _____

Vendor Agreement

By signing below, I agree to:

- Follow all market rules and guidelines
- Comply with all Wisconsin DATCP and local health regulations
- Sell only approved items listed above
- Be responsible for my products and actions
- Hold harmless the market organizers, sponsors, and location

Vendor Signature: _____

Printed Name: _____

Date: _____

Mail Applications and a copy of the Seller's Permit or WI Tax ID to: Coconutz Health PO BOX 495, Thorp, WI 54771, or stop in & drop off. You can also email to whatshappeningthorp.wi@gmail.com

Our market will be hosted by Marieke Gouda 200 W Liberty Dr, Thorp, WI

FOR MARKET USE ONLY

Application Approved: Yes No

Approved Products: _____

Booth Assignment: _____

Notes: _____
