

WILTON FARMER'S MARKET 2018 Application

Name of Applicant: _____

Business Name: _____

Address: _____

Phone #: _____

Email: _____

Type of Vendor (Circle One)

Agricultural

Craft

Prepared Food

Spaces and Fees: Weekly Space \$10 Season \$50 Chamber Members FREE
(No refunds)

Number of Weeks _____ Amount Paid _____ Cash _____ Check # _____

Dates (if weekly) _____

Liability Insurance Provider

All applicants must submit a completed application, proof of insurance (which covers liability on any product sold by the individual). Many times this is a certificate of insurance issued to a home owner for liability. Space assignments are first come basis.

I HAVE READ AND AGREE TO THE ATTACHED RULES AND REGULATIONS OF THE WILTON FARMER'S MARKET.

Signature: _____

Please return form and payment to:

Wilton Chamber of Commerce
118 W 4th St.
P.O. Box 280
Wilton, IA 52778

For questions contact: Eva Belitz 563-732-2330 or Layce DeLong 563-732-2029

The Wilton Farmer's Market is sponsored by the Wilton Chamber of Commerce.