1900 Libal Street, Green Bay, WI 54301
(920) 448-2800, trevor@villageofallouez.com

**Allouez and Bellin Health**

**Farmers Market**

**2016 Allouez/ Bellin Health Farmers’ Market**

 **Application and Contract**

 **Allouez/Bellin Health Farmers’ Market**

Thursdays, July 7th – October 6th, 2016
3:30p.m. – 6:30p.m. (2:30 p.m. set up)

 Bellin Health Plaza parking lot, 1920 Libal Street
$100 for one stall (14 weeks)
\* Stalls are 10.5’x10’ (approximately the size of one parking space)

Registrations are accepted on a first-come, first-served basis. Completed Applications and Contracts **with registration fees** will be processed according to date received. Incomplete applications will not be processed. Please see the attached Market Rules.

**Complete the following and sign. Return with payment, the Wisconsin Temporary Event Operator and Seller Information form and proof of liability insurance to the address below.**

Please reserve \_\_\_\_\_\_\_\_\_ (specify # of spots) at the Allouez/Bellin Health Farmers’ Market

Contact Name:

Business Name:

Address:

City/ State/Zip

Phone: Home (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business(\_\_\_\_\_)

Email:

Website:
Brief Description of

Products(s):

I have read and agree to the Allouez / Bellin Health Farmers’ Market Rules and Regulations.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please make checks payable to Village of Allouez and mail with completed forms: 1900 Libal Street, Green Bay, WI 54301.
----------------------------------------------------------------------------------------------------------------------------------**Office Use:**
Fees Paid:

Receipt Number:

Certificate of Insurance (if required):
Other licenses and registrations (if required):

Stall Number: