



SCIO Farmers Market
2024 Summer Market Application



WELLNESS APPLICATION

Contact Information

Organization Name: _____
Contact Name: _____
Phone: _____
Email: _____
Address: _____
City: _____ Zip: _____
Website: _____

This space has been created to help promote Health Awareness at the SCIO Farmers Market. This space is available, on a limited basis, for organizations to display information and help promote a healthy lifestyle to the community. The daily fee is \$25. Please select three dates your organization would like to attend the market; space will be assigned based on availability.

Preferred dates: 1. _____ 2. _____ 3. _____

Vending Policies:

- 1. Vendors must complete the application process before being allowed at the Market.
2. Vendor spaces will be appointed upon receipt and approval of completed application.
3. SCIO reserves the right to assign spaces according to the needs of the Market as a whole.
4. Vendors are responsible for their own setup and take down.
5. Vendors are responsible for cleaning their own area before leaving; trash must be packed out.
6. Vendors must remain onsite for the duration of the Market.
7. No smoking in vendor stalls.
8. No driving or parking on the grass.
a. Vendors must park in municipal public lots or utilize street parking.
b. Parking is public domain and not controlled by SCIO.
9. Due to City Regulations, dogs and other animals are only allowed on the outside perimeter sidewalks of Fountain Park.
10. The Market is a place of business and public gathering; polite, professional behavior, as well as fair and honest business practices, are expected.
11. Rude or aggressive behavior toward Market staff, other Vendors, or customers by Vendors will not be tolerated.
12. Any form of discrimination based on age, race, sex, sexual orientation, gender identity, religion, national or ethnic origin, political beliefs, veteran status, disability or any other category protected by state or federal law is contrary to the principles and policies of SCIO.
13. If you will not be present on a Market date, please notify the SCIO Market Coordinator via email: maria@sheboygancountyinterfaith.org OR cell phone: 262.993.5646

Waiver

The undersigned agrees to become a participating vendor at the Sheboygan Farmers Market at Fountain Park on 8th Street, Sheboygan, WI for the term of specified days. By signing this contract I agree to the following terms and conditions:

- I, the Vendor, agree to indemnify and hold harmless Sheboygan County Interfaith Organization, its employees, volunteers and sponsors, from any and all causes of action which may arise from the operation of this Farmers Market, not caused by negligence of Sheboygan County Interfaith Organization, its employees, volunteers, and sponsors.
- I, the Vendor, release SCIO and the City of Sheboygan from any liability whatsoever for theft, damage, injury, litigation, prosecution, illegal sales, practices or loss of any kind associated with the Farmers Market.
- I, the Vendor, will not sell or hand out any items that are against the Farmers Market objectives or rules.
- I, the Vendor, understand that any violation of these rules can lead to me being asked to leave and forfeit any use of this space for the rest of the season.
- I, the Vendor, grant SCIO all rights, title and interest in any and all photographic images and/or video and/or audio recordings made by SCIO during the Farmers Market for any purpose whatsoever, commercial or otherwise, without compensation to me.
- I the vendor grant SCIO permission to use any photos, videotape, etc. taken of me in any and all publicity and advertising promoting SCIO or the Market.
- By submitting this application, I acknowledge that the Rules & Regulations have been read and understood, and I will abide by the terms as presented.

Signature: _____ Date: _____

Printed Name: _____

Please mail application & make checks payable to: SCIO, PO Box 73, Sheboygan, WI 53082

Form S-240

Vendor Information

Temporary event operators (Farmers Market Coordinator) must complete and submit Form S-240 with information about each event vendor to the Department of Revenue (DOR) within 10 business days after the close of the event.

Temporary event (Farmers Market) **vendors** must have a Wisconsin seller's permit unless their sales are exempt from sales and use tax. (see exemptions below)

- **Wisconsin Seller's Permit Number:** A Wisconsin seller's permit number has 15 digits and begins with 456 (456-xxxxxxxx-xx). Sellers may apply for a Wisconsin seller's permit at tap.revenue.wi.gov/btr.
- **SSN and FEIN:** The last 4 digits of the SSN are required. If the vendor has a FEIN, enter both numbers.
- **Exemption Code:** If the vendor claims an exemption from collecting and remitting sales tax, enter the exemption code number. Exemptions are limited to the following four reasons:
 1. **Exempt sales only or display only:** Exempt sales refers to nontaxable sales (food and produce) Display only refers to a vendor advertising goods and services but not selling merchandise.
 2. **Multi-level marketing (MLM) company pays sales tax:** Multi-level marketing companies are those companies that sell their products through distributors. The department regards the multi-level marketing company as a retailer required to remit sales tax on sales to its distributors. Distributors for such companies may use this exemption code if the distributor only sells products for which the multi-level marketing company has already collected and remitted Wisconsin sales tax on the retail sales price of the products. (not typically in attendance at the market)
 3. **Nonprofit occasional sales exemption:** Sales by nonprofit organizations may qualify for exemption from Wisconsin sales and use tax. Refer to [Fact Sheet 2106](#) or Publication 206, Sales Tax Exemption for Nonprofit Organizations, for more information.
 4. **Occasional sales exemptions:** A person is not required to hold a Wisconsin seller's permit if the person's taxable sales are less than \$2,000 in a calendar year. Refer to Publication 228, Temporary Events, for more information.

Last Name: _____ First Name: _____

Business Name: _____

WI Seller's Permit # 456 - _____ - _____

SSN: _____

FEIN: _____

Exemption Code: ____