

**OMRO THURSDAY NIGHT MARKET APPLICATION**

Thank you for your interest in the **Omro Thursday Night Market!** Please fill out the following application and submit it to the Future Omro at: PO Box 385, Omro, WI 54963, or to omrochamber@gmail.com. Those vendors

participating on a weekly basis can submit their application to the Future Omro staff at the Market.

Name of Business

Mailing Address \*

City

Zip

Phone \_

\_ Website

E-mail

Social Security Number X X X – X X - \_\_

***OR*** Federal Identification Number X X – X X X - \_\_ \_\_

Required Space Needed (each standard lot stall is 12’ x 12’) \_

Other Needs (Please list below. There is no guarantee the needs will be met):

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\*If the location of your operations or business are different than your mailing address, please give the address of that

premise below:

Address

\_\_ City

\_ ZIP \_

Your planned participation in the market (please check all that apply):

Produce Vendor \_ Processed Food Vendor \_ Prepared Food Vendor

Craft / Art Vendor \_ Entertainer

Please give a description of all the products that you plan on vending or displaying at the Thursday Night Market in the space below. For produce vendors, please indicate any sustainable practices you use (including ‘no pesticide/herbicide application’, etc.). **Please note that any items not included on your application form must first be approved by the Omro Thursday Night Market Committee if you plan on selling them at the market.** Please continue on additional sheet if necessary:

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**LICENSE AND PERMIT REQUIREMENTS FOR SALES**

**You are responsible and required to obtain all licenses and permits needed to operate your business** during the Thursday Night Market. Processors or prepared food vendors must provide proof that foods are being processed or prepared in an approved facility, have the required health permits and/or are exempt from these requirements. Vendors are responsible for knowing and obtaining the licenses and permits necessary to operate at the Market. All necessary permits should be on file with the Future Omro Office prior to setting up at the Market.

Please check one of the following in regards to our promotional materials:

Yes, I would like my name listed on the Omro Thursday Night Market website and other publications.

No, I would prefer that my name is not listed on the website or other publications.

***I understand that I am responsible for obtaining all and any necessary licenses and permits required to sell my products at the Omro Thursday Night Market. Additionally, I certify that all the information listed above is correct to***

***the best of my knowledge. I have also read, fully understand, and agree to abide by the Omro Thursday Night Market Policies.***

Signed \_

Date \_