

Print

Downtown Manitowoc Farmers Market Application - Submission #2163

Date Submitted: 3/26/2024

New Vendor\*

- ☒ Yes  
☐ No

Returning Vendor\*

- ☐ Yes  
☒ No

Stall Location(s) Last Year:

CONTACT NAME\*

Joey Golden

BUSINESS NAME (if applicable)

Jgoldenjr llc

ADDRESS\*

721

CITY\*

Manitowoc

STATE\*

Wisconsin

ZIP CODE\*

54220

CELL PHONE #\*

920-905-3057

BUSINESS PHONE #\*

920-905-3058

EMAIL ADDRESS (Market communication will occur via email; if no email is provided, there may be a delay in receipt of information.)

Cubbiejr85@gmail.com

EMERGENCY CONTACT NAME & PHONE NUMBER

Brittiann Perkins 9209010849

SOCIAL MEDIA HANDLES (if applicable)

@ Facebook

@Instagram

**BOOTH SPACE**

- ☒ WEEKLY: 2024 Manitowoc Farmers Market—  
Saturdays, May-October: \$125 per stall. Additional  
\$50 per stall if application received after April 1.
- ☐ FLEX:\$50/ per stall, pending availability.

**Number of Stalls Requested**

1



Regular market attendance is important to the value and growth of the Market. If you are unable to attend weekly, please indicate dates you will not be at the Market.

FLEX VENDORS: Please select date(s) you are interested in attending.

\*Temporary relocation due to Briess Malt City Brewfest.

- |  |                                   |                                       |                                       |
|--|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> May 4             | <input type="checkbox"/> June 22  | <input type="checkbox"/> August 10    | <input type="checkbox"/> September 21 |
| <input type="checkbox"/> May 11            | <input type="checkbox"/> June 29  | <input type="checkbox"/> August 17    | <input type="checkbox"/> September 28 |
| <input checked="" type="checkbox"/> May 18 | <input type="checkbox"/> July 6   | <input type="checkbox"/> August 24    | <input type="checkbox"/> October 5    |
| <input type="checkbox"/> May 25            | <input type="checkbox"/> July 13  | <input type="checkbox"/> August 31    | <input type="checkbox"/> October 12   |
| <input type="checkbox"/> June 1            | <input type="checkbox"/> July 20  | <input type="checkbox"/> September 7  | <input type="checkbox"/> October 19   |
| <input type="checkbox"/> June 8            | <input type="checkbox"/> July 27* | <input type="checkbox"/> September 14 | <input type="checkbox"/> October 26   |
| <input type="checkbox"/> June 15           | <input type="checkbox"/> August 3 |                                       |                                       |

**TYPE OF BOOTH\***

- ☐ Produce
- ☐ Processed
- ☒ Prepared Food
- ☐ Artisan/Handmade
- ☐ Other

If OTHER, please explain.

**I WILL SELL THE FOLLOWING AT THE MARKET:****ELECTRICITY**

- ☒ Yes, I will need electricity.
- ☐ No, I will not need electricity.
- ☐ I will use a generator.

## WI DEPARTMENT OF REVENUE REQUIREMENT

All fields must be completed. If the vendor does not have a Wisconsin seller permit number and the claim is tax exempt sales, enter the exemption code number below.

1. Exempt sales only or display only.
2. Multi-level marketing company pays sales tax.
3. Nonprofit occasional sales exemption.
4. Exempt occasional sales.

WI Seller's Permit Number  
(15 digits starting with 456-)

SSN (last 4 digits)\*

5099

FEIN (last 4 digits)

2661

Exemption Code

Legal Business Name (if not sole proprietor)

Jgoldenjr llc

Doing Business As (DBA) Name (if applicable)

Vendor/Contact Name (Last)\*

Golden

Vendor/Contact Name (First)\*

Joey

Mailing Address\*

721 n 7th street

Email Address\*

Cubbiejr85@gmail.com

City\*

Manitowoc

State\*

Wisconsin

Zip\*

54220

Phone Number\*

9209053057

## COMMENTS/ADDITIONAL INFORMATION

I have a food truck but I wish to use a tent

### PARTICIPATION & LICENSE AGREEMENT ACKNOWLEDGEMENT\*

☒ Yes, I have read the Agreement.

[VIEW ONLINE](#)

[Vendor Participation Agreement](#)

## ELECTRONIC SIGNATURE\*

Joey golden

**DATE\***

5/26/2024

**PAYMENT**

Please make checks payable to the City of Manitowoc and send to:

City of Manitowoc

ATTN: Community Development

900 Quay Street

Manitowoc, WI 54220

Payment may be dropped off at City Hall (same address) Monday to Thursday, 7:30am-5pm and Friday, 7:30-11:30am.