



"meeting community needs
.....enhancing quality of life"

FORM #1

License Fees (See Section 5) \$ 1980 ChargeCode: CLLFAR

Investigation Fee - REQUIRED + \$7.00 ChargeCode: CLCPIF

Total Amount Paid

\$ 1987

Date Rec'd

4, 21, 20

FEES ARE NON-REFUNDABLE

Receipt #

848-0002

FARM MARKET APPLICATION

SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly

Name of Organization <u>ADI - Summer Farm Market</u>			
Street Address <u>333 W. College Ave Ste 100</u>		City <u>Appleton</u>	State <u>WI</u>
Zip <u>54911</u>	Telephone Number <u>920-515-3547</u>	Contact Person <u>Dyanna Hugdahl</u>	Contact Telephone No. <u>920-954-9112</u>
Date of Birth <u>11-14-69</u>			

Market Cell

SECTION 2 - EVENT INFORMATION

Location/Site where Farm Market will be held (Please be Specific) <u>College Ave - Appleton to Drew St, Houdini Plaza, Oneida - Morrison St.*</u>	
List ALL dates the market will be held <u>Saturdays - June 20 thru October 31 - 17 weeks (no market Sept 26 october fest)</u>	
Number of Vendors <u>July 4</u>	Estimated number of persons attending the event <u>5000+</u>

SECTION 3 - ADDITIONAL INFORMATION

	NO	YES	Action to be taken
Are you requesting any street closures?		<input checked="" type="checkbox"/>	If Yes, please indicate which street and from what point to what point? <u>Same as previously</u>
Are you requesting any special parking restrictions?		<input checked="" type="checkbox"/>	If Yes, please contact the Appleton Police Department Operations Coordinator to discuss this request. (920.832.5500)
Will portable restrooms be used? Is this event on private property?		<input checked="" type="checkbox"/>	Describe toilet facilities available to participants: <u>Houdini Plaza, Morrison,</u> If Yes, please contact Community Development at (920-832-6468) <u>Same as previously *</u>
Will the event be held in an Appleton Park or utilize any park facilities?		<input checked="" type="checkbox"/>	If Yes, please explain. What Park? <u>Houdini Plaza</u> Contact the Appleton Parks and Recreation to reserve this park. (920.832.5905)
Will the event be held indoors?	<input checked="" type="checkbox"/>		If Yes, what building (Provide street address)
Will a tent or any other temporary structure be erected?		<input checked="" type="checkbox"/>	The Appleton Fire Department will need to review your structure plans (920.832.5810)
Will food be prepared and/or served at the event?		<input checked="" type="checkbox"/>	If Yes, please explain: <u>if guidelines from Covid-19 have been lifted.</u> Contact the Appleton Health Department (920.832.6429)

*please see attached explanation, along with Covid-19 guidelines for Farmers Markets. Thank-You!

Will alcoholic beverages be served/sold?	✓	If Yes, contact the City Clerk to obtain a "Special Class B" license to sell/serve beer and/or wine. (920.832.6443)
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SECTION 3 – ADDITIONAL INFORMATION (CONTINUED)

	NO	YES	Action to be taken
Do you have the correct level of insurance for this event?		✓	A license WILL NOT be issued without an approved Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300)

SPECIAL NOTE: Dumpsters and barricading of streets will NOT be provided by the City. You will be responsible to contract these services with an outside provider. For additional information, please contact the City of Appleton's Traffic Section (920.832.5580)

SECTION 4 – INSURANCE NOTICE

Insurance Coverage: _____

Insurance Carrier: On file with the city

Insurance Agent Name and Phone Number: _____

Policy Number: _____

Policy Period: _____

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance carrier, the policy number, and policy period above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Signature *Juanana Hagedahl*

SECTION 5 – FEE STRUCTURE

2 to 10 Vendors	\$120.00
11 or more Vendors	\$12.00 each 165 X \$12.00 = \$1980-

FOR OFFICE USE ONLY

Department	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
Community				

Development				
City Sealer				
Public Works				
Parks and Rec				
Safety & Licensing date			Common Council	
Date Issued			Expiration Date	
			License Number	

2/26/19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799



Name: _____

PLEASE MARK THE DATES YOU WISH TO RESERVE YOUR SPACE FOR SATURDAY ATTENDANCE AT THE 2020 FARM MARKET.

June 20 _____

June 27 _____

July 4 _____

Opening Day -

July 18 _____

July 11 _____

July 25 _____

.....

August 1 _____

August 22 _____

August 8 _____

August 29 _____

August 15 _____

September 5 _____

September 19 _____

September 12 _____

Note: No Farm Market on Saturday, September 26th - Oktoberfest weekend!!!

October 3 _____

October 17 _____

October 10 _____

October 24 _____

October 31 _____

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Please fill out the above schedule & return ASAP!

Thank You!