

## NON-PROFIT BOOTH

## VENDOR OF THE WEEK

The Downtown Kaukauna Farmer's Market welcomes non-profit organizations that have 501c3 status to participate in the Market.

The Market offers one "Non-Profit Vendor of the Week" stall during the season. Space is allocated on a first come, first serve basis to qualified non-profits. Qualified non-profits may participate once per Market season.

Non-Profits are allowed to have an information booth to hand out materials to inform patrons about their organization. They also are permitted to sell items if they are directly related to their non-profit. Items to be sold must be approved by management.

- Market Hours are 4:30 PM 8:00 PM from June 5 to August 28 and 4:30 PM 7:00 PM from September 4 to September 25.
- There will be a charge of \$10.00 for this vendor space.
- Booth space is approximately 10' x 10'.
- Non-profits must be approved prior to setting up.
- Non-profits must engage children.
- Non-profits must abide by all vendor guidelines including set-up, clean-up and controlling tents.

Thank you for thinking of the Kaukauna Farmer's Market and considering it as a public outreach opportunity for your organization. If you are interested in acquiring space at the Market, please fill out the application and return it to:

Tayler Lentz
Community Enrichment Coordinator
PO Box 890
Kaukauna, WI 54130
920.766.6304
tlentz@kaukauna.gov

## **NON-PROFIT BOOTH**

## **VENDOR OF THE WEEK**



Name of Non-Profit:						
Contact Name:						
Address:						
City:			_State:	Zip:		
Phone:		Website:		•		
Email:						
Description of Product(s)						
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Community Outreach Prog	•					
Please do not send payme	ent until	approved by	the Downto	wn Kaukaur	na Farmer's Market.	
2024 Season: Please X W	ednesda	y(s) that you	'd like to pa	rticipate.		
June (4:30 PM - 8 PM)	5	12	19	26		
July (4:30 PM - 8 PM)	3	10	17	24	31	
August (4:30 PM - 8 PM)	7	14	21	28		
September (4:30 PM - 7	4	11	18	25		
PM)	-	' '	10	25		
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I have received a copy of t	ho Earm	or Market au	uidalinas an	d Lagras to	oomply	
Thave received a copy of t	ille Falli	iei iviaiket gt	iluelliles, al	id i agree to	comply.	
Applicant Signature:				Date:		
Applicant digitation.						