



Marshall Area Farmers' Markets

NEW VENDOR APPLICATION 2018

VENDOR CONTACT INFORMATION

FULL NAME OF APPLICANT (PLEASE PRINT)

First Name Middle Initial Last Name

BUSINESS NAME:

ADDRESS
STREET ADDRESS CITY STATE ZIP

CELL PHONE BUSINESS PHONE

E-MAIL ADDRESS

FACEBOOK NAME

WEBSITE

VENDOR TYPE

1. Check the type of vendor you wish to be: _____ Seasonal or _____ Daily

2. Please indicate what you will sell at the market. Check all that apply:

- Certified organic Bio-Dynamic Naturally Grown/Raised (no synthetic fertilizers, herbicides, hormones) Conventionally Grown (uses any previously mentioned) Vegetables Fruit
 Nursery Stock Plants/Cut Flowers Meat/Poultry/Seafood Value Added Foods
 Prepared Foods Art Pet Foods/Treats Other Specify

2. Property Information. List ALL addresses where your items are grown, produced, created, or stored for the purpose of selling at the Marshall Area Farmers' Market. Attach another sheet if necessary. Include all properties from which you purchase goods to resell at the market

Product	Property	Address

3. Community Supported Agriculture (CSA) Information: I intend to distribute my farm's CSA share pickup at the market.

4. Prepared Foods, Value Added Products, etc. Provide a complete product list of each item. Indicate which ingredients/materials are locally produced for each product.

5. Food Preparation: My food products are developed in:

- A licensed commercial kitchen
- A Michigan Cottage Food Law compliance kitchen
- Both in a licensed kitchen and Cottage Law Kitchen.

What percentage of your food products are made with locally produced ingredients?

- 0% 1-20% 21-50% 51-75% 76-100%

6. Artisans: Please describe the type of product you wish to make yourself and sell at the market and attach a photo with the application. You may be asked to submit samples depending upon your product. The Market Manager will contact you regarding the juried process.

7. Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Assumed Name |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other, specify _____ |

Is your business a franchise? Yes No

Is your business a retail establishment in Marshall, Michigan Yes No, and/or, is it in in other location? Yes No. If Yes, where is it located?

About Your Business. Please provide us with a logo (if applicable) and photo (s) related to your business and attach a summary of your business for inclusion with our marketing materials and publication should you be accepted as a vendor. We may use this information in promotions.

8. Reselling. See the vendor handbook for more information about reselling. After reading, do you wish to purchase and resell any items at our market? _____ Yes _____ No. If yes, you must include all of the information in this application about the source and submit applicable copies of the documentation / license regulations required for the products you have purchased for sale in your stall. Please note, in some instances, the state does not allow a vendor to sell products other than their own.

9. SEASONAL VENDORS: SCHEDULING MARKET PARTICIPATION DAYS

SEE THE VENDOR HANDBOOK FOR MORE INFORMATION ABOUT SCHEDULING & STALL ASSIGNMENTS

SEE ATTACHED DOCUMENT TO INDICATE THE SCHEDULE YOU ARE REQUESTING

10. License and certification information

List below the license and inspection numbers required for the operation of your business and/or sale of your products, and any other license, registration, certification or permit required by local, state or federal law. **Provide copies of all valid and required licenses, registrations, certifications or permits with your application packet making sure they are all active.** See MDARD website for more information about your specific products. Note: you may need more than one.

Michigan sales tax license number _____ Expires _____
Business registration number _____ Expires _____
Nursery dealer license number _____ Expires _____
Plant dealer license number _____ Expires _____
Plant or nursery inspection number _____ Expires _____
Organic certification license number _____ Expires _____
Feed License (Animal Treats) license number _____ Expires _____
Other relevant license number _____ Expires _____
Other relevant inspection numbers _____ Expires _____

11. Applicant's Checklist before submitting application

- _____ All contact information is complete
- _____ Relevant license, certification and inspection information is provided (see above)
- _____ Property information is complete
- _____ Market attendance dates are checked
- _____ Stall requests are checked
- _____ If applicable, all licenses and certifications for items I am reselling are complete..

If any items are missing, the application will be considered incomplete.

12. Mandatory Vendor Affidavits:

- I _____ certify that I am a vendor as described in the Marshall Area Farmers’ Market Vendor handbook and that I will sell only those items as described herein.
- I give withhold my consent to be photographed/videotaped for educational, public relations and promotional purposes while participating in the in the Marshall Area Farmers' Markets.
- I have read and understand the Vendor Handbook in effect this date and agree to comply with them. I understand should I not comply with the rules and procedures of the Market; the Market Manager has the option of cancelling my participation in the Market without reimbursement of fees paid.
- I understand that that no more than 20% of items sold by me can be purchased from other sources and resold in my stall (s) and that I am responsible for securing information and documentation about the source as required of all vendors.
- If signing as a business or a cooperative, I, as the signer of this application and affidavits, have the requisite authority to do so.
- I agree to indemnify, defend, and hold harmless the City of Marshall, its Marshall Area Farmers’ Market Advisory Board, and Market Manager from and against all claims, losses, liability costs or expenses, including reasonable attorney’s fees arising out of any claim relating to the use of the Marshall City Property for the purposes of selling items at the Marshall Area Farmers’ Market during its annual market schedule.
- I have attached copies of all applicable licenses and certifications required for the sale of my product (s), including those I resell, at the Marshall Area Farmers’ Market as outlined herein and in the Vendor Handbook. I verify that all information and the attached documents are complete, active and correct.
- I understand that the application must be updated before any new items may be added to our sales.
- I understand and agree to abide by the Food Assistance Program requirements and that I may not accept any currency or benefits for which my business is ineligible and will not receive any reimbursement for the currency.
- I understand and agree that the violation or falsification of any of the items of this affidavit will result in immediate and permanent loss of permission to sell any product at the Marshall Area Farmers’ Market.

Signature of Applicant _____

Date: _____

2018 MARKET DATES

2018 GREEN STREET MARKET DATES – DAILY VENDORS

<input type="checkbox"/> 5-May	<input type="checkbox"/> 16-Jun	<input type="checkbox"/> 28-Jul	<input type="checkbox"/> 8-Sep	<input type="checkbox"/> 20-Oct
<input type="checkbox"/> 12-May	<input type="checkbox"/> 23-Jun	<input type="checkbox"/> 4-Aug	<input type="checkbox"/> 15-Sep	<input type="checkbox"/> 27-Oct
<input type="checkbox"/> 19-May	<input type="checkbox"/> 30-Jun	<input type="checkbox"/> 11-Aug	<input type="checkbox"/> 22-Sep	
<input type="checkbox"/> 26-May	<input type="checkbox"/> 7-Jul	<input type="checkbox"/> 18-Aug	<input type="checkbox"/> 29-Sep	
<input type="checkbox"/> 2-Jun	<input type="checkbox"/> 14-Jul	<input type="checkbox"/> 25-Aug	<input type="checkbox"/> 6-Oct	
<input type="checkbox"/> 9-Jun	<input type="checkbox"/> 21-Jul	<input type="checkbox"/> 1-Sep	<input type="checkbox"/> 13-Oct	

Indicate by checking the square for each day you wish to sell at the Market. This does not confirm your scheduled date rather it lets us know you have an interest in that date. We will confirm openings close to the date or on the market day.

Your Name / Business _____

Date of request _____

E-request send to: maf490682@gmail.com Mobile phone: [269.725.3661](tel:269.725.3661)

Key Dates for Market Year

March	Friends of the Market Promotion
May 5	Opening / Cinco de Mayo / Project FRESH & Senior FRESH begin
May 19	Oaklawn Classic
May 27	Memorial Day Weekend
June 9	Future Vendors (Kids)
June TBD	Kids Day
July 4 th	Cruise the Fountain
July 14	Future Vendors (Kids)
August 6	Third Annual Farm to Table Dinner
September 14	Historic Home Tour
October 27	Halloween (Last Day)