



Grand Haven & Spring Lake Farmers Markets 2018 Application

MAIN CONTACT/FARM INFORMATION

Business/Farm Name: _____

Primary Contact Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Phone Number for Customers to Use: _____

Website Address: _____

Facebook Page: _____ Instagram Username: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

STAFFING CONTACT INFORMATION

It is important to include the names and emails of your stall staff, so that we may include them in the newsletter, as well as send them a copy of the Market rules and any last minute notices or changes.

Stall Staff Name: _____	Email: _____
Stall Staff Name: _____	Email: _____
Stall Staff Name: _____	Email: _____
Stall Staff Name: _____	Email: _____

MARKET ATTENDANCE

Select one option beneath each Market that best describes your application.

Grand Haven Farmers Market (Wednesdays & Saturdays, 8am to 1pm)

Seasonal Vendor last year, would like same booth this year	_____	
Seasonal Vendor last year, would like to request new booth	_____	Requested Booth # _____
Daily Vendor, would like to be on the seasonal waiting list	_____	
Daily Vendor, do not want to be on the seasonal waiting list	_____	
Not applying for this Market	_____	

Spring Lake Farm & Garden Market (Thursdays, 9am to 2pm)

Seasonal Vendor last year, would like same booth this year	_____	
Seasonal Vendor last year, would like to request new booth	_____	Requested Booth # _____
Am not a current Vendor, but would like to be on the waiting list	_____	
Not applying for this Market	_____	

VENDOR CATEGORY

Select the category that best describes your operation.

Grower (100% grown by Farmer applying) _____

Retailer (Grower with locally purchased supplement, grows at least 80% of products for sale) _____

Dealer (Grows less than 80% of products for sale, sells locally purchased supplements) _____

We own _____ **acres and/or rent** _____ **acres.**

PRODUCT INFORMATION

List ALL product(s) that you grow or produce and will be selling during the season. (Attach an additional sheet if needed).
If products are added later in the season, vendors must let Market Management know in writing.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ALL product(s) that you DO NOT grow or produce and will be selling during the season. Include the grower/producer's information. (Attach an additional sheet if needed.)

Product:	Grower/Producer:	Full Address of Grower/Producer (REQUIRED) :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSING INFORMATION

Michigan Sales Tax License Number: _____

Nursery Dealer License Number: _____

Plant Dealer License Number: _____

Plant or Nursery Inspection Number: _____

Organic Certification License Number: _____

Michigan (MDARD) Kitchen License Number: _____

Michigan (MDARD) Food Warehouse License Number: _____

Michigan (MDARD) Commercial Manufacturer's/Distributor's License Number (Pet Food): _____

Michigan (MDARD) Wholesale Food Processor License Number: _____

Other Relevant Inspection Number(s): _____

MEMBERSHIP INFORMATION

List any organizations you are a member of:

INSURANCE INFORMATION

*Applicant must send a current proof of \$500,000 Liability Insurance on an Acord Form 25, listing
The Chamber of Commerce Grand Haven, Spring Lake, Ferrysburg as additional insured
with policy period of May-October (at least)*

Insurance Provider: _____

Agent's Name: _____

Agent's Email/Phone: _____

SEASONAL VENDOR PAYMENT DUE

Seasonal Vendor Booths Require a 50% deposit of the booth fees with the application, balance is due July 31, 2018.

Grand Haven Farmers Market (Wednesdays & Saturdays, 8am to 1pm)

# of Standard Stalls	_____	X	\$360.00	=	_____	
# of Corner Stalls	_____	X	\$410.00	=	_____	
# of Grass Stalls	_____	X	\$260.00	=	_____	
# of Stalls	_____	X	\$21.00	=	_____	Parking Lot Rental Fee
			Total Due	=	_____	
			50% Deposit Due		_____	

Spring Lake Farm & Garden Market (Thursdays, 9am to 2pm)

Stall Fee	\$200.00
50% Deposit Due	\$100.00

Total Deposit Due

Total Grand Haven Farmers Market Deposit	_____
Total Spring Lake Farm & Garden Market Deposit	_____
Total Deposit Due	_____

DAILY VENDOR PAYMENT DUE

*Incoming Daily Vendors are required to pay a **\$25 Daily Vendor application fee** to be sent in with this completed form.
Daily Vendors pay the appropriate Market fees each day they attend. (See Rules/Regulations for fees)*

Total Payment Due \$25.00

ENCLOSURE CHECKLIST

- Current proof of \$500,000 Liability Insurance on Acord Form 25 listing *The Chamber of Commerce Grand Haven, Spring Lake, Ferrysburg* as additional insured with policy period from 5/1/2018 to 10/31/2018
- Copies of any licenses (if applicable)
- 50% Deposit for each Market—Checks made payable to “The Chamber” (Seasonal Vendors only)
- \$25 Daily Vendor Application Fee (Daily Vendors only)
- Rules & Regulations Agreement (found on last page of Rules & Regulations document)

SIGNATURE

Vendor's signature verifies that the above information is complete and accurate.

The application will not be processed until complete. Page 8 of the Rules & Regulations packet also needs to be signed and sent back. Application is subject to change as seen fit by staff.

Signature: _____ Date: _____