



# Grand Haven & Spring Lake Farmers Markets 2017 Application

## MAIN CONTACT/FARM INFORMATION

Business/Farm Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone 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 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.)

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

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 <b>(REQUIRED)</b> :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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 the organizations you are a member of:

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## 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 PAYMENT DUE

Seasonal Vendor Booths Require a 50% deposit of the booth fees with the application, balance is due July 14, 2017.

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

# of Standard Stalls	_____	X	\$355.00	=	_____	
# of Corner Stalls	_____	X	\$405.00	=	_____	
# of Grass Stalls	_____	X	\$255.00	=	_____	
# of Stalls	_____	X	\$21.00	=	_____	Parking Fee
			Total Due	=	_____	
			50% Deposit Due		_____	

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

Stall Fee	\$190.00
50% Deposit Due	\$75.00

### Total Deposit Due

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

## 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 5/13/2017 to 10/31/2017
- Copies of any licenses (if applicable)
- 50% Deposit for each Market—Checks made payable to “The Chamber” (Seasonal vendors only)

## SIGNATURE

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

The vendor has read, understands, and agrees to all provisions in the Market rules and regulations.

The application will not be processed, until complete. Application is subject to changes as seen fit by staff, and additional information may be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_