



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 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.)

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

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 the 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 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	\$95.00

Total Deposit Due

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

DAILY 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 5/13/2017 to 10/31/2017
- Copies of any licenses (if applicable)
- 50% Deposit for each Market—Checks made payable to “The Chamber” (Seasonal vendors only)
- \$25 Daily Vendor Application Fee (Daily 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: _____

Due: April 14, 2017 | Farmers Markets | One South Harbor Drive | Grand Haven, MI 49417
msherman@grandhavenchamber.org