



Grand Haven & Spring Lake Farmers Market Non-Profit Application

CONTACT INFORMATION

Organization Name: _____
 Primary Contact Name: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Cell: _____
 Email: _____
 Website Address: _____
 Facebook Page: _____
 Instagram Name: _____

DESIRED PARTICIPATION DATES

Please list the date(s) you wish to participate at the Farmers Market: _____
**Non-profits may attend a maximum of two Saturday Market dates during the current season.*

QUESTIONS

Please answer the following questions with as much detail as possible, use the back if necessary.

Mission of your organization: _____

Reason for participation at the Farmers Market: _____

Would you be selling anything? If so, what and for how much? _____

What will your display consist of, including set up and materials present: _____

ENCLOSURE CHECKLIST

- Copy of the Non-Profit IRS Determination Letter
- Deposit of \$10.00 per Date (Checks should be made payable to "The Chamber")

Signature verifies that the above information is complete and correct. The applicant has read, understands, and agrees to all provisions in the market rules & regulations.

Signature: _____ Date: _____

Due: Three Weeks Prior to Anticipated Date of Participation
 Grand Haven & Spring Lake Farmers Market | One South Harbor Dr. | Grand Haven, MI 49417
 msherman@grandhavenchamber.org

Office Use Only: