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