



Grand Haven & Spring Lake Farmer's Markets 2023 Application

Main Contact/Farm Information

Business/Farm Name: _____
Primary Contact Name: _____
Address: _____
Phone: _____
Email: _____
Phone Number for Customer Use: _____
Website Address: _____
Facebook Page: _____
Emergency Contact Name : _____
Name: _____
Emergency Contact Phone Number: _____

Staffing Contact Information:

Stall Staff Name: _____	Email/Phone: _____
Stall Staff Name: _____	Email/Phone: _____
Stall Staff Name: _____	Email/Phone: _____
Stall Staff Name: _____	Email/Phone: _____

Market Attendance

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

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

- ☐ Seasonal Vendor last year would like the same booth this year
☐ Seasonal Vendor last year, would like to request new booth
☐ Daily Vendor

Requested Booth # _____

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

- ☐ Seasonal Vendor last year would like the same booth this year
☐ Seasonal Vendor last year, would like to request new booth
☐ Daily Vendor

Requested Booth # _____

To help with the flow of the market and to be aware of when you will be attending the Farmers Market, please let us know the day you anticipate to start, and your last day at the Market. (If this changes as the season moves forward, please let the Market Master or the Market Manager know as soon as possible.

Start Date: _____

End Date: _____

Days you will not be at the 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 will be selling during the season (attached an additional sheet if needed).

(If products are added later in the season, vendors must let Market Manager or Master 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). Market Master will verify that this is done in good faith.

BIG BOX STORES ARE NOT ALLOWED

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 - 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

*Seasonal Vendor Booth now require a 100% payment by the time this application is due on April 14th, 2022

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

# of Standard Stalls	_____	x	\$400.00	=	_____
# of Corner Stalls	_____	x	\$500.00	=	_____
# of Grass Stalls	_____	x	\$360.00	=	_____
			Total Due	=	_____

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

# of Stall	_____	Stall Fee	\$200.00
		Total Due	_____

Total Deposit Due

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

Daily Vendor Payment

*Incoming Daily Vendors are required to pay a \$30 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 \$30.00

Enclosure Checklist

- ☐ Current proof of \$500,000 Liability Insurance on Accord Form 25 listing *The Chamber of Commerce Grand Haven, Spring Lake, Ferrysburg* as additional insured with a policy period from 5/1/2023 to 10/31/2023
- ☐ Copies of any licenses (if applicable)
- ☐ 100% Stall Payment - Checks made payable to "The Chamber" (Seasonal Vendors Only)
- ☐ \$30 Daily Vendor Application Fee (Daily Vendors Only)
- ☐ Rules & Regulations Agreement (Found on the last page of Rules & Regulations document)
- ☐ Food Assistance Agreement

Signature

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

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

Signature: _____

Date: _____