

Grand Haven Farmers Market 2025 Application



Main Contact/Farm Information:

Business/Farm Name: _____

Primary Contact Name: _____

Address: _____

Phone: _____

Email: _____

Phone Number for Customer Use: _____

Business Website URL: _____

Facebook Page: _____

Instagram Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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 that best describes your application

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

- Seasonal Vendor last year, would like the same stall this year
- Seasonal Vendor last year, would like to request new stall
- Daily Vendor (comes individual days, not every day of the season, stall location will change often)
- Seasonal Vendor, new this year
- Other

To help with the flow of the Market and to be aware of when you will be attending the Market, please let us know the day you anticipate starting, and your last day at the Market. If this changes as the season moves forward, please let 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.**
- Cottage Food Vendor**

Product Information:

Please estimate how many varieties of each category you will sell:

Bread (rice, pasta, flour, pita, tortilla, granola): _____

Dairy (Soy milk, butter, yogurt, infant formula, etc.): _____

Meat, Poultry, and/or Fish (beef, pork, eggs, tuna, etc.): _____

Vegetables and/or Fruit (apples, tomatoes, peaches, carrots, etc.): _____

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). The Market Manager will verify that this is credible.

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 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 current proof of \$1,000,000.00 Liability Insurance on an Acord Form 25 listing The Chamber – Grand Haven, Spring Lake, Ferrysburg as additional insured with a policy period of May 1, 2025 – October 31, 2025.*

Insurance provider: _____

Agent's name: _____

Agent's Email/Phone: _____

Seasonal Vendor Payment

**If invited to be a Seasonal Vendor, 100% of payment is due by April 7, 2025*

**Application fee is the only payment needed on or before the application deadline of March 7, 2025*

Grand Haven Farmers Market Seasonal

Application Fee _____	x	\$25.00	=	_____
# of Standard Stalls _____	x	\$400.00	=	_____
# of Corner Stalls _____	x	\$500.00	=	_____
# of Grass Stalls _____	x	\$300.00	=	_____

(no parking spot provided with grass stalls, nearby parking available)

All Vendors are required to pay a one-time seasonal \$25 Vendor application fee to be sent in with this completed form.

Daily Vendors pay a \$30.00 Market Fees each day they attend (See Rules & Regulations for Fees).

Enclosure Checklist

- Current proof of Liability Insurance on Acord Form 25 listing *The Chamber of Commerce* as additional insured with a policy period of 5/1/2025 to 10/31/2025
- Copies of any licenses (if applicable)
- \$25 Application fee
- Signed 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 7 of Rules and Regulations also needs to be signed and sent back. The application is subject to change as seen fit by staff.

Signature: _____ **Date:** _____