



# 2019 Farmers Market Vendor Application

## Non-Food/Arts & Crafts

Your Name \_\_\_\_\_

Business Name \_\_\_\_\_

Reimbursement checks payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Location (if not mailing address) \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Which number is best to reach you quickly?  E-Mail  Cell Phone  Business Phone

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Website/Facebook \_\_\_\_\_

May we list you (including photos) on the market website and Facebook page?  Yes  No

### Vendor fee (choose one)

Pre-pay, full-time (25 markets): # of booths requested \_\_\_\_ x \$250 = \$\_\_\_\_\_

Pre-pay, part-time: # of market dates reserved below \_\_\_\_ x \$15 = \_\_\_\_\_

Daily rate, \$20 paid prior to 3 p.m. each market day.

*Daily vendor applications must be received one week prior to your first market.*

### Pre-payment method

Check #\_\_\_\_\_  Cash App (\$SouthLansing)  Credit Card (call office to process)  Cash

*Pre-paid vendor fees and applications are **due by April 26, 2019. Nonrefundable.***

If we are unable to approve your application at this time, would you like to be placed on our call list for daily vendors?  Yes  No

### Reserve Dates

Full-time vendors: please ~~GROSS OFF~~ dates you are unable to attend.

Part-time vendors: please mark (X) dates you wish to attend.

___ May 2	___ June 6	___ July 11	___ Aug 1	___ Sept 5	___ Oct 3
___ May 9	___ June 13	___ July 18	___ Aug 8	___ Sept 12	___ Oct 10
___ May 16	___ June 20	___ July 25	___ Aug 15	___ Sept 19	___ Oct 17
___ May 23	___ June 27		___ Aug 22	___ Sept 26	___ Oct 24
___ May 30			___ Aug 29		

Once approved, vendors are expected to attend every market indicated on this application.

**Product List**

Please provide a detailed list of all handmade items **PRODUCED BY YOU** that you plan to sell at the market. These include candles, lotions, jewelry, ceramics, metal works, clothing and accessories, wood crafts, home goods, etc. **May NOT be purchased with SNAP benefits.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you require electricity?  Yes  No **(See Market Policies & Procedures, VI.H)**

In some cases, vendors may be allowed to sell items hand crafted by others. Approval of these “brokered” items is based on specific criteria and granted at the sole discretion of the Market Manager **(see Vendor Policies & Procedures, VII.D).**

Please provide a detailed list of all hand crafted items made by others you would like to sell at the market, as well as the name and address of each producer.

Product	Maker/Producer	Address/City/ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**License/Insurance/Certification**

Are you required to be licensed by the State of Michigan?

Yes  No If yes, please attach a copy of current license(s).

Do you carry general and/or product liability insurance for this business?

Yes  No If yes, please attach a copy of current insurance certificate(s).

**Waiver of Liability**

By my signature below, I hereby waive all claims and release, indemnify and hold harmless the South Lansing Community Development Association, its employees, interns, volunteers, board members, and funders from any and all legal and financial liability for injury, property damage, financial or other loss suffered or caused by me, my employees, and/or volunteers in association with my participation as a vendor at the South Lansing Farmers Market. This waiver and release applies to all current and future causes of action by me or on my behalf by family members, heirs, and assigns.

Please initial all of the following before signing below.

\_\_\_\_\_ I have read, understand, and agree to abide by the Waiver of Liability.

\_\_\_\_\_ I have read, understand, and agree to abide by the 2019 Farmers Market Policies & Procedures.

\_\_\_\_\_ I certify that am the maker/producer of most, if not all, items to be sold at my booth each day.

\_\_\_\_\_ I certify that all items made by others are listed in this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Please return completed Application to:**

Kathy Tobe, Manager  
South Lansing Farmers Market  
800 W. Barnes Ave.  
Lansing, MI 48910  
(517) 374-5700  
[market@southlansing.org](mailto:market@southlansing.org)