



2018 Farmers Market Application

Hot Food Vendor

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

Fee Structure

- Full-time: \$220 for the season (22 markets), due by **April 30, 2018**.
- Part-time: \$12 per market, prepaid for _____ dates reserved below. Payment of \$_____ (number of dates x \$12) is due by **April 30, 2018**.
- Daily: \$15 due prior to 3 p.m. each market day (*see Market Policies and Procedures IV.3.a-c*).

Please check your preferred vendor option:

Full-time Part-time Daily

If we are unable to approve your application as a full-time vendor, would you like to be placed on our call list for daily vendors? Yes No

Market Schedule

Please check (✓) all dates you plan to attend.

Please ~~CROSS OFF~~ any dates you are UNABLE to attend.

Once approved, vendors are expected to attend every market agreed upon this application.

- | | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> May 24 | <input type="checkbox"/> June 7 | <input type="checkbox"/> July 5 | <input type="checkbox"/> August 2 | <input type="checkbox"/> September 6 | <input type="checkbox"/> October 4 |
| <input type="checkbox"/> May 31 | <input type="checkbox"/> June 14 | <input type="checkbox"/> July 12 | <input type="checkbox"/> August 9 | <input type="checkbox"/> September 13 | <input type="checkbox"/> October 11 |
| | <input type="checkbox"/> June 21* | <input type="checkbox"/> July 19* | <input type="checkbox"/> August 16* | <input type="checkbox"/> September 20* | <input type="checkbox"/> October 18* |
| | <input type="checkbox"/> June 28 | <input type="checkbox"/> July 26 | <input type="checkbox"/> August 23 | <input type="checkbox"/> September 27 | |
| | | | <input type="checkbox"/> August 30 | | |

*festival dates

Menu

Please provide a detailed list of all menu items **PREPARED BY YOU** that you plan to sell at the market. These are foods intended for on-site consumption and may NOT be purchased with SNAP benefits.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Are any ingredients in your menu items grown by you or procured from local growers? Yes No
If yes, please list the ingredient(s) and the grower(s) below:

Are any ingredients in your menu items organic? Yes No
If yes, please list the ingredients below:

Do you wish to sell any menu items NOT prepared by you (e.g., water, soda, chips)? Yes No
If yes, please list those items below:

Do you wish to sell any non-food items at your booth? Yes No
If yes, please list those items here:

Do any of your menu items meet the following dietary restrictions? If yes, please circle all that apply:
sugar-free, gluten-free, dairy-free, vegan, other _____

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).

Are you required to be inspected and certified by the Ingham County Health Department?
 Yes No If yes, please attach a copy of current certification(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 2018 Farmers Market Policies & Procedures.

_____ I certify that I prepare most, if not all, menu items to be sold at my booth each day.

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