



# 2020 Farmers Market Vendor Application

## Hot Foods (On-Site Dining)

Your Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Reimbursement checks are payable to whom? \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Location (if not mailing address) \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 How do we 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 (22 markets): # of booths requested \_\_\_\_ x \$220 = \$\_\_\_\_\_
- 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 May 1. 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 21	___ June 4	___ July 2	___ Aug 6	___ Sept 3	___ Oct 1
___ May 28	___ June 11	___ July 9	___ Aug 13	___ Sept 10	___ Oct 8
	___ June 18	___ July 16	___ Aug 20	___ Sept 17	___ Oct 15
	___ June 25	___ July 23	___ Aug 27	___ Sept 24	
		___ July 30			

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

**Menu Items**

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

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?

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 2020 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](mailto:market@southlansing.org)