

## 2021 Farmers Market Vendor Application

## Agricultural/Value-Added Food Products

Your Name				
Business Name				
Reimbursement checks are p				
Mailing Address				
Business Location (if not mail				
E-Mail				
Cell Phone			one	
How do we reach you quickly	? □ E-Mail	□ Cell Phone	□ Business Pho	one
Emergency Contact			Phone	
Website/Facebook				
May we list you (including pho				ge? □ Yes □ No
Vendor fee (choose one)				
☐ Pre-pay, full-time (21 mark	ets): # of b	ooths requested	x \$210 = \$	
☐ Pre-pay, part- time: # of ma		=		
☐ Daily rate, \$20 paid prior to				
Daily vendor application m	=		or to vour first ma	rket.
,,,		•	•	
Pre-payment method				
☐ Check # ☐ Cash Ap	p (\$South	Lansing) 🗆 Credit	Card (call office t	o process) □ Cash
Pre-paid vendor fees and a	-	= :	·	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	. <b>y</b> , <b>y</b> _0, _0	
If we are unable to approve ye	our applica	tion at this time. w	ould vou like to be	e placed on our cal
list for daily vendors?   Yes		, , , , , , , , , , , , , , , , , , , ,	,	- p
,				
Reserve Dates				
The South Lansing Farmers N	Market is he	eld on Thursdays f	rom 3-7 p.m. We	close at 6:30 p.m.
in October. Pre-paid full-time				
Pre-paid part-time and daily v	=			
		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
6/3	7/1	8/5	9/210/7	7
6/10	7/8		9/910/1	
6/17	7/15		9/1610/2	
6/24	7/22		9/23	
<del></del> <del>-</del>	, 7/29		9/30	

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

## **Product List**

plan to sell at the market.	These are SNAP eligible items	R PREPARED BY YOU that you , e.g., fruits, vegetables, edible plant ruit pops, breads, cookies, candies,
cheese, butter, eggs, mea	ats, fish, jerky, etc.	
Do you require electricity?	' □ Yes □ No	
	r value-added foods grown by years list the ingredient(s) and the	ou or procured from local growers? grower(s) here:
	se indicate which items and hov	od) organic or sustainably grown? v they are grown (non-gmo seeds,
•	d items produced by you meet th apply: sugar-free, gluten-free, da	e following dietary restrictions? If airy-free, vegan, other
Do you plan to sell any no If yes, please list those ite	•	∃Yes □ No
PRODUCED by OTHERS		r value-added items <b>GROWN OR</b> kered items is based on specific anager.
•	list of all <b>BROKERED</b> agricultur as well as the name and address	al/value-added products you would of each producer.
Product	Farmer/Producer	Address/City/ZIP

Michigan?
current license(s).
surance for this business/farm?
current insurance certificate(s).
current certification.
ns and release, indemnify and hold harmless the ciation, its employees, interns, volunteers, board and financial liability for injury, property damage, e, my employees, and/or volunteers in at the South Lansing Farmers Market. This are causes of action by me or by others on my
below.
bide by the Waiver of Liability. bide by the 2021 Farmers Market Policies & f most, if not all, items to be sold at my booth
,, ,, ,,
origin are listed in this application.
Date:
Market Manager South Lansing Farmers Market 800 W. Barnes Ave.
Lansing, MI 48910 (517) 374-5700

market@southlansing.org