



2020 Farmers Market Vendor Application

Agricultural/Value-Added Food Products

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, 2020. 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 ~~CROSS 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.

Product List

Please indicate all produce/value-added foods **GROWN OR PREPARED BY YOU** that you plan to sell at the market. These are **SNAP eligible items**, e.g., fruits, vegetables, edible plant starts, herbs, honey, syrup, jams, pickles, relish, sauces, fruit pops, breads, cookies, candies, cheese, butter, eggs, meats, fish, jerky, etc.

Do you require electricity? Yes No

Are any ingredients in your value-added foods grown by you or procured from local growers?
 Yes No If yes, please list the ingredient(s) and the grower(s) here:

Is your produce (or any ingredients in your value-added food) organic or sustainably grown?
 Yes No If yes, please indicate which items and how they are grown (non-gmo seeds, no chemical fertilizers, etc.).

Do any of the value-added items produced by you meet the following dietary restrictions? If yes, please circle all that apply: sugar-free, gluten-free, dairy-free, vegan, other _____

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

In some cases, vendors may be allowed to sell produce or value-added items **GROWN OR PRODUCED by OTHERS in MICHIGAN**. Approval of brokered items is based on specific criteria and granted at the sole discretion of the Market Manager.

Please provide a detailed list of all **BROKERED** agricultural/value-added products you would like to sell at the market, as well as the name and address of each producer.

Product	Farmer/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/farm?

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

Are you a certified organic producer?

Yes No If yes, please attach a copy of current certification.

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 am the grower/producer of most, if not all, items to be sold at my booth each day.

_____ I certify that all brokered items and their origin 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