

2021 Farmers Market Vendor Application

Ready to Eat & Hot Foods

Your Name			
Business Name			
Reimbursement checks are payable	to whom?		
Mailing Address	City		Zip
Business Location (if not mailing add			
E-Mail			
Cell Phone		one	
How do we reach you quickly? \square E-I	Vail ☐ Cell Phone	□ Business Pho	ne
Emergency Contact		Phone	
Website/Facebook			
May we list you (including photos) or			e? 🗆 Yes 🗆 No
Vendor fee (choose one)			
☐ Pre-pay, full-time (21 markets): # €	of booths requested	x \$210 = \$	
☐ Pre-pay, part- time: # of market da			
□ Daily rate, \$20 paid prior to 3 p.m.			
Daily vendor applications must be	•	rior to vour first ma	rket.
	•	•	
Pre-payment method			
☐ Check # ☐ Cash App (\$Sc	outhLansing) Credit	Card (call office to	process) 🗆 Cash
Pre-paid vendor fees and applicat			
	•		
If we are unable to approve your app	olication at this time, w	ould you like to be	placed on our call
list for daily vendors? ☐ Yes ☐ N		•	•
·			
Reserve Dates			
The South Lansing Farmers Market	is held on Thursdays f	rom 3-7 p.m. We o	close at 6:30 p.m.
in October. Pre-paid full-time vendor		•	•
Pre-paid part-time and daily vendors	· •	•	
, ,	· (<u>—</u> /	,	
6/37/1	8/5	9/210/7	
6/107/8		9/910/14	4
6/177/15		9/1610/2	
6/247/22		9/23	
7/29		9/30	

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 immediate 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 apply to all current and future causes of action by me or by others on my behalf.

Please initial all of the following before signing	below.
I have read, understand, and agree to a I have read, understand, and agree to a Procedures. I certify that I prepare most, if not all, me	bide by the 2021 Farmers Market Policies &
Signed:	Date:
Printed:	
Please return completed application/fee to:	Market Manager South Lansing Farmers Market 800 W. Barnes Ave. Lansing, MI 48910 (517) 374-5700

market@southlansing.org