

FULTON STREET FARMERS MARKET

2018 DAILY VENDOR APPLICATION



NEW VENDOR RETURNING VENDOR

CONTACT INFORMATION

NAME OF FARM/BUSINESS: _____

PRIMARY CONTACT NAME: : _____

ALTERNATE CONTACT NAME: _____

EMERGENCY CONTACT + TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____

TELEPHONE: _____ CELL: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

PREFERRED METHOD OF CONTACT: TELEPHONE CELL PHONE TEXT EMAIL

HAS YOUR CONTACT INFORMATION CHANGED IN THE LAST 12 MONTHS?
 YES NO I AM A NEW VENDOR

What methods of Market communication do you currently receive? (Check all that apply)
 MARKET EMAILS CLOSED FSFM VENDOR FACEBOOK GROUP AT MARKET

Would you like to be notified via email of vendor related market news such as newsletters, educational opportunities, upcoming events seminars, etc. YES NO

Please list ALL individuals who will be your onsite manager (include yourself):
Provide name and phone number for each individual.

NAME: _____ CELL PHONE _____
NAME: _____ CELL PHONE _____
NAME: _____ CELL PHONE _____

LIABILITY INSURANCE

All vendors are required to have liability insurance. We are also requesting that vendors add the Fulton Street Farmers Market, 1145 Fulton Street East, Grand Rapids MI 49503 to your Liability Insurance and provide us with documentation showing this addition along with a copy of your Liability Insurance Declaration Page. Please contact us if you have any questions regarding liability insurance.

All products requiring licensing must have copy of appropriate license on file with the Market. All vendors selling edible products must submit proof of liability insurance (minimum \$500,000 policy with Fulton Street Farmers Market named as additional insured.)

Insurance Agent (General Liability) Name: _____

Phone: _____ Type of Insurance: _____

TYPE OF BUSINESS

<input type="checkbox"/> SOLE PROPRIETORSHIP	TOTAL YEARS OF OPERATION _____
<input type="checkbox"/> ASSUMED NAME	TOTAL YEARS OF OPERATION _____
<input type="checkbox"/> PARTNERSHIP	TOTAL YEARS OF OPERATION _____
<input type="checkbox"/> LIMITED LIABILITY COMPANY	TOTAL YEARS OF OPERATION _____
<input type="checkbox"/> CORPORATION	TOTAL YEARS OF OPERATION _____
<input type="checkbox"/> OTHER (specify) _____	TOTAL YEARS OF OPERATION _____

PREFERRED DAYS TO VEND

TUESDAY (\$10/BOOTH) WEDNESDAY (\$10/BOOTH)
 FRIDAY (\$20/BOOTH) SATURDAY (\$30/BOOTH)

PROJECTED MONTHS TO VEND

MAY JUNE JULY AUGUST
 SEPTEMBER OCTOBER NOVEMBER DECEMBER

VENDOR CATEGORY (Check all that apply)

FARMER (100% grower)

FARMER/RESELLER

(with locally purchased supplement products)

PRODUCER (100% producer)

PRODUCER/RESELLER

(purchased supplement that aligns with your product offering)

Other _____

THERE IS AN ANNUAL "RESELLER FEE: OF \$100 IF YOU PLAN TO **SELL ANYTHING** THAT IS NOT OF YOUR OWN PRODUCTION

PRODUCT CATEGORY (Check all that apply)

FRUITS

VEGETABLES

BEVERAGE

PLANTS

FLOWERS

NURSERY STOCK

BAKED GOODS

DAIRY/EGGS

MEAT/SEAFOOD/POULTRY

JAMS/JELLIES/HONEY/SYRUPS/SAUCES

VALUE ADDED

OTHER _____

VENDOR PRODUCT GUIDELINES

Vendors must comply with all local, state and federal regulations related to the production and selling of their product(s). Please provide copies of any necessary and applicable: licenses / certifications / permits, recent inspection results and nonprofit groups please attach evidence of 501(c)(3) status.

Please check all that apply in the following categories

PRODUCE/HONEY VENDORS	MEAT/POULTRY/EGG VENDORS
<input type="checkbox"/> I raise/grow my own produce/bees <input type="checkbox"/> I have attached my organic certification <input type="checkbox"/> I do not have an organic certification <input type="checkbox"/> I have attached other relevant licenses/permits	<input type="checkbox"/> I raise my own livestock and poultry <input type="checkbox"/> My meat is processed at a USDA facility and/or my poultry is processed according to MI law <input type="checkbox"/> I have attached other relevant certifications
ANNUAL FLOWER/PERENNIAL VENDORS	BAKED GOODS/FOOD VENDORS
<input type="checkbox"/> I raise/grow my own annuals/perennials <input type="checkbox"/> I have a sales tax license <input type="checkbox"/> I have a Nursery Stock/Growers License <input type="checkbox"/> I have attached other licenses/permits	<input type="checkbox"/> I make our my food products in a licensed kitchen <input type="checkbox"/> I have a Food Establishment License <input type="checkbox"/> I rent space in a shared commercial kitchen

PROVIDE COPIES OF ALL CURRENT AND VALID LICENSES, REGISTRATIONS, CERTIFICATIONS, OR PERMITS WITH YOUR APPLICATION

List below the license and inspection numbers required for the operation of your business and/or sale of your products, and any other license, registration, certification, or permit required by local, state, or federal law.

Michigan Sales Tax License Number: _____

MDARD Food Licence Number: _____

Nursery Dealer License Number: _____

Plant Dealer License Number: _____

Plant or Nursery Inspection Number: _____

Organic Certification License Number: _____

Other Relevant License Number: _____

Other Relevant Inspection Numbers: _____

ALL APPLICANTS MUST INCLUDE LICENSING AT TIME OF APPLICATION SUBMISSION. IF YOU ARE WAITING FOR YOUR RENEWAL, PLEASE NOTE THAT AND EXPECTED TIME OF SUBMISSION: _____

SUPPLEMENTAL PRODUCTS TO BE SOLD

Supplemental Produce/Products

Please list ALL supplemental produce/product products you plan on bringing into the market that is not your own. Provide the SOURCE from which the product is purchased from AND the product's EXPECTED DATES AVAILABLE. *Attach additional sheet if necessary.*

CROP/PRODUCT	SOURCE	DATES AVAILABLE

FOOD SAMPLING AT THE MARKET

DO YOU INTEND ON SERVING FOOD SAMPLES OF YOUR PRODUCT?

YES NO POTENTIALLY

ARE YOU AWARE OF FOOD SAFETY + SAMPLING GUIDELINES ?

YES NO SEND ME MORE INFORMATION

AGREEMENTS

Initial all that you agree to and then sign below. Your signature indicates that you have read, understand and agree to the following as outlined as well as the 2018 Fulton Street Farmers Market Rules of Operations (REV 2/18). In addition, failure to agree to the provisions below may affect your approval to participate at the market.

_____ Photography and Publishing Consent: The undersigned allows photographs to be taken of individuals and the market stall by staff/volunteers of the Fulton Street Farmers Market team and understands these photos may be published for print or internet advertising.

_____ Hold Harmless/Signature/Waiver of liability: The undersigned does hereby release from all liability and agree to hold harmless the Fulton Street Farmers Market and the Market's Management Team for any injury or damage suffered or incurred by the undersigned or by employees, volunteers, or representatives of the undersigned in their activities upon the premises of the Fulton Street Farmers Market including but not limited to, any costs, including attorneys' fees, incurred by Fulton Street Farmers Market in defense thereof.

_____ Food Assistance Programs: The undersigned will participate and adhere to guidelines regarding the SNAP/EBT, DUFEB, WIC Project Fresh, and Senior Market Fresh programs that apply to my organization. I will fill out the appropriate forms that are necessary for me to participate in the applicable programs listed above. I will display the accurate signage that is required of vendors to display provided by Market Management.

CHECK REIMBURSEMENT INFORMATION

For payments related to SNAP/EBT, DUFEB, PROJECT FRESH, MARKET FRESH + Credit Card Tokens

Make Checks Payable To:	
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SIGNATURE

Vendor's signature verifies that the above information is complete and correct. **The vendor has read, understands, and agrees to all provisions in the FULTON STREET FARMERS MARKET RULES OF OPERATIONS (REV 2/18).** The market rules can be accessed in the market office, on the markets website, or can be request electronically from the market staff. Inspection of Vendor's farm/place of business by market management may occur as a condition of selling at the market. Dates of 2018 season begin on Saturday May 5, 2018 and ends Saturday December 22, 2018.

SIGNATURE: _____ DATE _____

PRINT NAME: _____

APPLICATION PROCESS + TIMELINE

Thank you for submitting your application to be a vendor at the Fulton Street Farmers Market. All submissions may be submitted through the mail to: 1145 Fulton Street East, Grand Rapids MI 49503, emailed to info@fultonstreetmarket.org, or you can apply using our online application that can be found at our website at: www.fultonstreetmarket.org. Once your application is processed. Market Management will notify you. The application process can take up to 3 weeks. Please direct all questions to: Info@fultonstreetmarket.org