

# FULTON STREET FARMERS MARKET

## 2019 SEASONAL VENDOR APPLICATION



### 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

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.)

## YOU MUST SUBMIT YOUR INSURANCE PRIOR TO VENDING

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

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

I'M INTERESTED IN A TUESDAY NIGHT MARKET OPPORTUNITY IN JULY + AUGUST. PARTICIPATION IN THE NIGHT MARKET IS INCLUDED WITH YOUR SEASONAL STALL FEE.

## PROJECTED MONTHS TO VEND

MAY     JUNE     JULY     AUGUST     SEPTEMBER     OCTOBER

## 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 **PER STALL** 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: \_\_\_\_\_**





# FULTON STREET FARMERS MARKET

## VENDOR CODE OF CONDUCT

---



The primary purpose of this Code of Conduct is to ensure the well being of all participants. Vendors are expected to behave courteously to customers, other vendors, and market staff. It is the market's intent to serve the public and create a friendly and welcoming atmosphere that will benefit both the vendors and customers.

As a Fulton Street Farmers Market **Vendor and/or their representative**; I will:

- Respect and adhere to all rules established by the Fulton Street Farmers Market.
- Treat market staff, volunteers and other vendors with respect and understanding. If issues arise, I will resolve conflicts in an unobtrusive manner.
- Demonstrate the highest standards of personal behavior and integrity at all times. I will be sensitive to people of all ages, ethnicities and diversities.
- Treat everyone with courtesy, respect and honesty. Rude, violent, aggressive, uncooperative or belligerent behavior toward others, as determined by **Market Management or Vendor Committee**, will not be tolerated.
- Practice safe behaviors at all times, including while driving on and off site, loading and unloading. Furthermore, I will notify Market Manager immediately of any unsafe conditions.
- Not willingly deceive or exploit customers or the Market Manager concerning Market business.
- Wear appropriate clothing and footwear (no bare feet) with the understanding that the market is a family-friendly place.
- Under no circumstance, attend or participate in the Fulton Street Farmers Market while under the influence of alcohol and/or controlled substance. (Unless under medical supervision)

It is important that all **Fulton Street Farmers Market Vendor and/or their representatives comply with the Code of Conduct**. Failure to comply with any component of the code or participation in other inappropriate conduct as determined by the Market Manager, Vendor Committee Members, or Board Members may lead to dismissal as a vendor at the Fulton Street Farmers Market

FARM/BUSINESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## 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 2019 Fulton Street Farmers Market Rules of Operations (REV 2/19). 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, DUFB, 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, DUFB, PROJECT FRESH, MARKET FRESH + Credit Card Tokens

Make Checks Payable To:	
-------------------------	--

## 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 2/19).** 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 2019 season begin on **Saturday May 4th, 2019 and ends Saturday October 26th, 2019**

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](mailto:info@fultonstreetmarket.org). or you can apply using our online application that can be found at our website at: [www.fultonstreetmarket.org](http://www.fultonstreetmarket.org). Once your application is processed. Market Management will notify you. The application process can take up to 4 weeks. Please direct all questions to: [Info@fultonstreetmarket.org](mailto:Info@fultonstreetmarket.org)