



**CITY OF MUSKEGON  
FARMERS MARKET INFORMATION SHEET**

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE\_(\_\_\_\_\_) \_\_\_\_\_ ALT. CONTACT\_(\_\_\_\_\_) \_\_\_\_\_

I/WE ARE APPLYING FOR A RESERVATION TO SELL AT THE MUSKEGON FARMERS MARKET, AND CONSIDER OURSELVES AS A (CHECK ONE)

\*PRODUCER \_\_\_\_\_ PRODUCER/BUYER \_\_\_\_\_ RESALE VENDER \_\_\_\_\_

\*IF YOU ARE A PRODUCER PLEASE COMPLETE THE FOLLOWING:

WE OWN \_\_\_\_\_ ACRES. &/OR WE RENT \_\_\_\_\_ ACRES.

LIST ALL ITEMS ACCORDING TO VOLUME, THAT YOU WILL BE BRINGING TO MARKET.

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NOTE: FOR PRODUCER OR PRODUCER/BUYER, VERIFICATION FROM YOUR COUNTY EXTENSION OFFICE MAY BE REQUIRED BY THE CITY OF MUSKEGON.

PLEASE PROVIDE YOUR COUNTY COOPERATIVE EXTENSION AGENTS NAME

\_\_\_\_\_ FOR THE COUNTY OF \_\_\_\_\_