



Muskegon Farmers Market

2023-2024 Winter Vendor Application

Contact Information

Name of Farm/Business: _____

Primary Contact Name: _____ Telephone _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____ Cell: _____

Email Address: _____ Website Address: _____

Alternate Contact Name: _____ Telephone _____

Emergency Contact Name: _____ Telephone _____

Insurance Agent (General Liability) Name _____ Telephone _____

Type of Insurance: _____

Please list ALL individuals who will be your onsite manager (Include yourself):

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Product Category (Check all that apply)

_____ Fruits _____ Vegetables _____ Dairy/Eggs
_____ Plants _____ Flowers _____ Nursery Stock
_____ Baked Goods _____ Cut Flowers _____ Jams/Jelly/Honey/Syrup/Sauces
_____ Meat/Seafood/Poultry _____ Other

Vendor Category (Check all that apply)

_____ Farmer (100% grower) _____ Dealer
_____ Farmer with locally purchased supplement. (Grows minimum of 80% of products for sale)
_____ Artisan _____ Other

Type of Business

_____ Sole Proprietorship	Total years of operation _____
_____ Assumed Name	Total years of operation _____
_____ Partnership	Total years of operation _____
_____ Limited Liability Company	Total years of operation _____
_____ Corporation	Total years of operation _____
_____ Other (specify)	Total years of operation _____

Products to be sold

Please list all products sold and their sources (own farm, purchased from local farm, wholesale). Attach additional sheet if necessary. Vendor may only sell products listed on the application unless approved by Market Manager.

Product: _____	Source: _____
Product: _____	Source: _____
Product: _____	Source: _____
Product: _____	Source: _____
Product: _____	Source: _____

We own _____ acres and/or rent _____ acres.

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: _____

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: _____

Provide copies of all current and valid licenses, registrations, certifications, or permits with your application.

For Returning Seasonal Vendors

Expected start date _____ and plan to attend for _____ months.

Stall billing is based on a full calendar month and is not prorated. Any extension of time (season) will be subject to daily rates.

Mail this application to: _____ **or** **email:** _____

Market Manager muskfarmermkt@shorelinecity.com

Muskegon Farmers Market

242 W. Western Ave Muskegon MI 49440

GUIDELINE ENFORCEMENT

1. The Market Manager shall have the authority to interpret and enforce the Market Guidelines.
2. The Market Manager shall resolve any disputes that arise regarding Market operation and may require that descriptions of disputes be submitted in writing.
3. The Market Manager may deny a vendor the privilege of selling at the Market on any given Market day for misrepresentation of products, poor quality of products or produce, nonpayment of fees, failure to comply with a direction of the Market Manager, disrupting the operation of the Market, or any other violation of the General Guidelines and Regulations of Muskegon Farmers Market.
4. The Market Manager reserves the right to reject a vendor application if, in the Market Manager's judgement, the produce, goods, or food items are not compatible with the overall concept of the Market, or the product mix currently offered at the market.
5. At the discretion of the Market Manager, any vendor who has been denied the privilege of selling at the Market on any given Market day, or has violated the Market Guidelines three or more times in the previous twelve months may have their vendor status or seniority revoked.

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 market guidelines. The market guidelines can be accessed in the market office or online. Inspection of Vendor's farm/place of business by market management may occur as a condition of selling at the market.

Signature: _____ Date: _____

Print Name: _____

Updated 10-07-2023