



## Muskegon Farmers Market

### 2024 Summer Daily 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
- Cottage Food

**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 \_\_\_\_\_
- Partnership      Total years of operation \_\_\_\_\_
- Other (specify)      Total years of operation \_\_\_\_\_

**Preferred Days to Vend**

- Tuesday       Wednesday (Flea)       Thursday       Saturday

**Products to be sold**

Please list all products sold and their sources (own farm, purchased from local farm, wholesale) Attach additional sheet if necessary.

- Product: \_\_\_\_\_ Source: \_\_\_\_\_
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- Product: \_\_\_\_\_ Source: \_\_\_\_\_

2024 Summer Daily Application

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**

**Mail this application to:**

**or**

**email:**

Market Manager

[muskfarmermkt@shorelinecity.com](mailto:muskfarmermkt@shorelinecity.com)

Muskegon Farmers Market

**Telephone Number:**

242 W. Western Ave Muskegon, MI 49440

231-722-3251

## 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: \_\_\_\_\_