



Muskegon Farmers Market

2024 Summer Seasonal 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 _____

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: _____
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

Stall # (s) _____

Expected start date _____. Please notify the office if you will attend in a split season and those dates as well.

Stall billing is based on a full Market Season 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

Telephone Number:

242 W. Western Ave Muskegon, MI 49440

231-722-3251

Muskegon Farmers Market Cell Phone

231-747-0985

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: _____