



P.O. Box 534
 Williamston, Michigan 48895
 Email: manager@SowingGrowth.org

2019 Vendor Application

Sundays 10am – 2pm (May 19 – Oct 13)

Check One: New Returning Date: _____

Business/Farm/ _____

Mailing Address: _____
(Road/Street Address) (Apartment #) (City and Zip Code)

Name of Primary Contact: _____

Primary Contact Phone(s): _____ Email: _____

Location of Business if different than mailing address: _____

Facebook: _____ Website: _____

Name of Emergency Contact: _____ Phone(s): _____

Workers/Helpers, Family, Alternate Contacts: LIST ALL INDIVIDUALS WHO WILL WORK IN YOUR MARKET BOOTH, ACT AS ON-SITE MANAGER OR AS AN ALTERNATE CONTACT PERSON. (Use Reverse if Needed).

NAME	PHONE NUMBER(S)	RESPONSIBILITY/DUTIES

PRODUCT CATEGORY (Check all that apply)

- Arts/Crafts | Cheese | Eggs | Fish | Flowers | Fruit | Honey | Maple Syrup
 Meat-**Beef** | Meat-**Pork** | Meat-**Poultry** | Vegetables/Herbs | Other
 Animal/Pet Food & Treats (provide copies of applicable licenses)
 Prepared Food (Provide copies of applicable licenses.) **If selling under Michigan Cottage Food Law, proper labeling is required or products will not be allowed for sale.** (Refer to Michigan Cottage Foods Information at the website http://www.michigan.gov/mdard/0,4610.7-1225-507722_45851-240577--,00.html)
 Nursery Stock (Provide copies of applicable licenses.) (Refer to Michigan Department of Agriculture and Rural Development's publication *Nursery Stock Licensing Details and Frequently Asked Questions* at the following website: http://www.michigan.gov/statelicenseresearch/0,1607.7-180-24786_24820-81466--,00.html)
 Licensed Food Establishment/Food Truck (Copies of current applicable licenses must be posted and visible during Market hours – 10 a.m. to 2 p.m.)

VENDOR CATEGORY

- Farmer: I/we grow/produce 100% of the food that I/we sell.
 Farmer/Broker: I/we grow produce some food that I/we sell, and broker some food that I/we sell.
 Prepared Food Vendor: I/we prepare 100% of the food that I/we sell.
 Prepared Food Vendor: I/we prepare some of the food that I/we sell and broker some of the food that I/we sell.
 Artisans and Crafters: I/we manufacture 100% of the items that I/we sell.

___ Artisans and Crafters: I/we manufacture some of the items that I/we sell and broker some items that I/we sell. **NOTE: No Buy/Sell allowed)**

___ Dealer/Broker: I/we do not grow or produce anything I/we sell.

___ Other

List (or attach) products _____

VENDOR FEES: SEASONAL

SEASONAL FEE – NON-ELECTRIC SPACES – Due on or before 19 May 2019

_____ \$170.00 – 1ST Space \$170.00
+
Each additional space =\$150 - Number additional spaces _____ X \$150 = \$ _____

TOTAL AMOUNT FOR SEASON \$ _____

Enclosed is my payment in the amount of: \$ _____

SEASONAL FEE – ELECTRICAL ACCESS SPACES – Due on or before 19 May 2019

_____ \$218 – 1ST Space \$218.00
+
Each additional space=\$198 – Number additional spaces _____ X \$198 = \$ _____

TOTAL AMOUNT FOR SEASON \$ _____

Enclosed is my payment in the amount of: \$ _____

VENDOR FEES: DAILY (Paid Each time you attend)

- DAILY FEE – NON ELECTRIC SPACES = \$12/SPACE _____ days X \$12 = \$ _____
- DAILY FEE – ELECTRICAL ACCESS SPACES = \$15/SPACE _____ days X \$15 = \$ _____

Cash, checks, and money orders accepted. Make checks payable to **SOWING GROWTH**.

The first day I expect to attend Eastern Ingham Farmers' Market will be: Sunday, _____
If NOT every week, what dates will you be @ the market? _____

APPLICABLE LICENSES AND PERMITS:

I, _____ hereby state that I possess and will display current licenses and/or permits that are applicable to the products that I sell and as may be required by the United States Department of Agriculture, the Michigan Department of Agriculture and Rural Development, the Ingham County Health Department and/or other regulatory authority pertaining to the region where the Sowing Growth/Eastern Ingham Farmers Market is held.

ADULT CONSENT TO PHOTOGRAPH and/or VIDEOTAPE and DISSEMINATE WITHOUT COMPENSATION:

I _____ hereby give my consent to be photographed and/or videotaped while participating in any activity offered by **Sowing Growth** and/or **Eastern Ingham Farmers Market**. In addition, I consent to the reproduction and use of any such photographs and videotapes by **Sowing Growth** and/or **Eastern Ingham Farmers Market** for educational, public relations and promotional purposes and I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for such photographs, videotapes and use.

REQUIRED *By signing below you acknowledge: 1) that the information in this form is true and 2) that you have read and commit to following the 2019 Vendor Rules & Requirements*****

Vendor Signature: _____ Date: _____

Please mail or email completed application to:
Sowing Growth, P.O. Box 534 Williamston, MI 48895
Manager@SowingGrowth.org

Direct questions to:
Tom Cary, Market Manager, 517-525-5293 or manager@sowinggrowth.org