



EASTERN INGHAM FARMERS MARKET

P.O. Box 534, Williamston, Michigan 48895

Email: EasternInghamFM@gmail.com

Telephone: 616-916-9823

2021 Vendor Application

Sundays 10am – 2pm (May 16 – Oct 10)

Check One: New Returning

Date: _____

Business/Farm/ _____ Contact: _____

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

Primary Phone(s): _____ Email: _____

Business location if not mailing address: _____

Facebook: _____ Website: _____

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

Preferred Method of Contact: Phone Text e-Mail Other _____ Daytime Night

Workers/Helpers: List ANYONE working the booth OR are alternate contacts (Add your own page if needed)

NAME	PHONE NUMBER(S)	RESPONSIBILITY/DUTIES

- PRODUCT CATEGORY (Check all that apply):** Arts/Crafts Cheese Eggs Fish Flowers Fruit
 Honey Maple Syrup Beef Pork Poultry Lamb Fish Vegetables/Herbs
 Other _____ Animal/Pet Food & Treats (provide copies of applicable licenses)
 Prepared/Preserved Food (Provide copies of applicable licenses.) **If selling under Michigan Cottage Food Law, items that are not properly labeled 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/statelicensesearch/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 Must raise, prepare or manufacture at least 80% of what you sell.

- 100% Home Grown:** Raise/produce 100% of the food that I/we sell.
 Farmer/Broker: Raise/produce ____% of the food that I/we sell & broker ____% of the food that I/we sell.
 100% Home Made: Prepare 100% of the food that I/we sell.
 Prepared Food Vendor: Prepare ____% of the food that I/we sell & broker ____% of the food that I/we sell.
 100% Hand Made: Manufacture 100% of the items that I/we sell.
 Artisans and Crafters: Manufacture ____% of the items that I/we sell and broker ____% items that I/we sell.
 Other - List (or attach) products _____
 I/We request an exemption to the 80% self-raised/produced, self-prepared or self-made REQUIREMENT.

2021 VENDOR FEES: SEASONAL

SEASONAL FEE – Due on or before May 16, 2021

No. of Spaces

_____ \$200.00 – 1ST Space for Returning Vendor (from 2020) **\$220.00** w/Electricity. \$ _____
_____ \$220.00 – 1ST Space for **NEW** Vendor (not a vendor in 2020) **\$240.00** w/Electricity \$ _____
_____ \$160.00 - Each additional space (Number additional spaces _____ X \$160) \$ _____

TOTAL AMOUNT FOR SEASON \$ _____

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

VENDOR FEES: DAILY (Paid each time you attend)

___ \$15 DAILY FEE – NON-ELECTRIC SPACES = **\$15/SPACE** ___ days X \$15 = \$ _____

___ \$16 DAILY FEE – ELECTRICAL ACCESS SPACES = **\$16/SPACE** ___ days X \$16 = \$ _____

PAYMENT AMOUNT

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

Cash (at the market only), 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, video tapes and use.

REQUIRED *By signing below you acknowledge that the information in this Vendor Application is true**

Vendor Signature: _____ Date: _____

*****AND Please sign again to acknowledge that you have read and commit to following the 2021 Vendor Rules & Requirements Manual**

Vendor Signature: _____ Date: _____

You may request/return applications at: EasternInghamFM@gmail.com

Please send CHECK OR MONEY ORDERS payments (made to "SOWING GROWTH") and/or completed paper application to: *EIFM, c/o Sowing Growth, P.O. Box 534 Williamston, MI 48895*

Direct questions to: Tom Cary, Market Manager, EasternInghamFM@gmail.com or 616-916-9823