



EASTERN INGHAM FARMERS MARKET

P.O. Box 534, Williamston, Michigan 48895

Email: EasternInghamFM@gmail.com

Telephone: 517-618-1630

2022 Vendor Application

Sundays 10am – 2pm (May 15 – Oct 16)

Check One: New Returning Today's Date: _____

Name of 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 Topical soaps, lotions and oils

(If selling topical CBD must provide copy of processor/handler license issued by Michigan Department of Agriculture and Rural Development. See 2022 Vendor Rules and Requirements Manual for further details and requirements.)

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/statelicenseesearch/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.

2022 VENDOR FEES: SEASONAL (includes all 23 Sundays, May 15-October 16)

SEASONAL FEE – Due on or before May 15, 2022

No. of Spaces

_____ \$220.00 – 1ST Space **\$240.00** w/Electricity. \$ _____

_____ \$160.00 - Each additional space (Number additional spaces _____ X \$160) \$ _____

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 = \$ _____

Holiday Markets _____ November 20th _____ December 18th (\$15 each, after 9-1-22, \$18 each) \$ _____

Total Payment \$ _____

MARKET ATTENDANCE (Check the Dates you expect to attend):

- May 15th 22 29
- June 5 12 19 26
- July 3 10 17 24 31
- Aug. 7 14 21 18 25
- Sept. 4 11 18 25
- Oct. 2 9 16

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 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 and acknowledge that by submitting this application your space assignment is pending approval.**

Vendor Signature: _____ Date: _____

***** Please sign again to acknowledge that you have read and commit to following the 2022 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
A payment link is available on our Market website: www.easterninghamfarmersmarket.org

Direct questions to: Tom Cary, Market Manager, EasternInghamFM@gmail.com or 517-618-1630