



EASTERN INGHAM FARMERS MARKET

P.O. Box 534, Williamston, Michigan 48895

Email: EasternInghamFM@gmail.com

Telephone: 517-618-1630

2024 Vendor Application

Sundays 10am – 2pm (May 12 – Oct 13)

Check One: New Returning (**Returning Vendor App. & Payment Due 3.29.24**) 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: _____ Instagram _____

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)	RESPONSIBILITIES/DUTIES

PRODUCT CATEGORY (Check all that apply): Arts/Crafts Cheese Eggs Fish Flowers Fruit

Honey Maple Syrup Beef Pork Poultry Lamb Fish Vegetables/Herbs Value-added

Other _____

Animal/Pet Food & Treats (provide copies of applicable licenses 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/statelicense/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.

2024 VENDOR FEES: SEASONAL (includes all 23 Sundays, May 12-October 13)

SEASONAL FEE – Due March 29, 2024 for approved returning vendors; All other approved vendors, fees due by May 8, 2024. Vendors applying after the start of the Market season, payment is due within a week of approval.

_____ \$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 Market, December 15th (\$25/Stall) \$ _____

Total Payment

\$ _____

ADDITIONAL BOOTH SPACES

I may temporarily need _____ additional space/stalls during the Market season on dates _____
(See Rules & Requirements Manual for more detail and REQUEST PROCESS TO ADD OR CHANGE BOOTH SPACE form.

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

MAY 12 19 26 JUNE 2 9 16 23 30 JULY 7 14 21 28
AUGUST 4 11 18 25 SEPTEMBER 1 8 15 22 29
OCTOBER 6 13

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.

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 **2024 Vendor Rules & Requirements Manual**

Vendor Signature: _____ Date: _____

Registration and Payment Procedure:

You may request/return applications at: EasternInghamFM@gmail.com or you may send completed paper application to: *EIFM Market Manager, c/o Sowing Growth, P.O. Box 534 Williamston, MI 48895. Once you have received confirmation that your application has been approved, fees may be paid by mail with CHECK OR MONEY ORDERS made to "SOWING GROWTH" and/or you may use a payment link on the Sowing Growth/EIFM Market website:*

www.easterninghamfarmersmarket.org using the "SHOP" button.

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