



P. O. Box 235 Hemlock, MI 48626

2016 VENDOR APPLICATION FORM

Please fill out the following information. Print neatly or type, thank you!

Vendor/Business Name (PRINT)

E-mail Address

Contact Person(s)

Mailing Address

Area Code/Phone Number

Cell Phone Number

Check Vendor Type (see Rules & Regulations for Pricing and Definition clarification):

____ **Seasonal Vendor** (Max 3 table request)

____ **Daily Vendor** (tables assigned)

____ Farmer Direct, Home Grown, Homemade,
Handmade tables

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Handmade tables

____ Resale tables

____ Resale tables

Check days of the week attending:

____ Monday 10:00am-3:00pm

____ Wednesday 10:00am-3:00pm

____ Friday 10:00am-3:00pm

____ Saturday 9:00am-1:00pm

____ **Saturday ONLY** 9:00am-1:00pm

I am interested in participating in WIC Project FRESH/Sr. Project FRESH?

___ Yes ___ No ___ N/A

Would you accept Bridge/SNAP tokens?

___ Yes ___ No ___ N/A

Would you accept Double Up Food Buck tokens?

___ Yes ___ No ___ N/A

Would you accept Debit/Credit card tokens?

___ Yes ___ No ___ N/A

Are you a certified **organic** farm?

___ Yes ___ No ___ N/A

If no, do you practice organic farming methods?

___ Yes ___ No ___ N/A

Do you practice **conventional** farming techniques?

___ Yes ___ No ___ N/A

Do you request using electricity at the Market site?

___ Yes ___ No ___ N/A

Will you be offering Cottage Food items?

___ Yes ___ No ___ N/A

May we list you and display photos containing you on the DSFM website?

___ Yes ___ No ___ N/A

Sign and return this form along with your completed License Agreement, Product List, Hold Harmless Agreement, copy of your liability insurance policy (business or farmowners/homeowners), non-refundable application fee of \$25.00, and **total seasonal table rent** by Friday, April 8, 2016. Please make checks payable to: **Downtown Saginaw Farmers' Market** Table assignment will NOT be granted until ALL forms along with fees have been completed and returned to the DSFM.

I have read, understand, and will comply with the DSFM Rules & Regulations as provided.

Signature

Date