



2019 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

ALL vendor tables will be assigned by the DSFM for the 2019 season

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

_____ Seasonal Vendor (Max 3 table request)	_____ Daily Vendor
#____ Farmer Direct, Home Grown, Homemade, Handmade tables	#____ Farmer Direct, Home Grown, Homemade, Handmade tables
#____ Resale tables	#____ Resale tables

Type of vehicle coming to Market (to help us accommodate parking). If bringing a trailer, please list length:

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
_____ MONDAY ONLY 10:00am-3:00pm	_____ SATURDAY ONLY 9:00AM -1:00PM

Please note due to heavy vendor interest, days you indicate attending will be STRICTLY ENFORCED! You will only be allowed at your seasonal table on the day(s) indicated on this form.

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 Bucks 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 of you on the DSFM website, social media?	___Yes ___No ___N/A

Sign and return this form along with your completed Product List, Hold Harmless Agreement, copy of your liability insurance policy (business or farmowners/homeowners), non-refundable application fee of \$25.00, and **one-half (1/2) total table payment by FRIDAY, APRIL 12**. Please make checks payable to: **Downtown Saginaw Farmers' Market** Mailing address: **P. O. Box 3681 Saginaw, MI 48605** Remaining balance owed on tables to be PAID IN FULL by FRIDAY, JULY 12. 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
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