



2021 VENDOR APPLICATION FORM

Vendor/Business Name (PRINT)

Contact Person(s)

Mailing Address Street, City, State & Zip

Area Code/Phone Number

Cell Phone Number

Email Address

Additional/ Alternate Contact Information

<u>SEASONAL TABLE RENTAL</u>	<u>DAILY TABLE RENTAL</u>
ONE DAY M -W - F - S (Please Circle) <input type="checkbox"/>	ONE DAY M - W - F - S (Please Circle)
ANY 2-4 DAY M - W - F - S (Please Circle)	ANY 2-4 DAY M - W - F - S (Please Circle)
# OF FARMER DIRECT/HOMEGROWN/HANDMADE TABLES REQUESTED _____	#OF FARMER DIRECT/HOMEGROWN/HANDMADE TABLES REQUESTED _____
# OF RESALE TABLES REQUESTED _____	# OF RESALE TABLES REQUESTED _____

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 not, do you practice organic farming methods? ___ Yes ___ No
- 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 farm owners/homeowners), non-refundable application fee of \$25.00, and one-half (1/2) total table payment by FRIDAY, APRIL 23, 2021. 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 23, 2021.** Please see Rules & Regulations for policies on unpaid balances past July 23, 2021. Applications are considered incomplete if any required form or proof of insurance is not received.

By signing you acknowledge that you have read, understand, and will comply with the DSFM Rules & Regulations as provided.

Signature

Date