



2022 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 \_\_\_\_\_

<b>SEASONAL TABLE RENTAL</b>	<b>DAILY TABLE RENTAL</b>
ONE DAY M -W - F - S (Please Circle)	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 22, 2022. 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 15, 2022.** Please see Rules & Regulations for policies on unpaid balances past July 15, 2022. 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 \_\_\_\_\_