



2020 Vendor Application

Office Use Only	
Date Received:	_____
___ Approved	___ Denied
Reason:	_____
Amt & Date Paid:	_____

Name/Business Name:

Email/Website/Facebook Page:

Mailing Address:

Telephone Home: Work: Cell: Text? (Y/N):

Emergency Contact Name: Emergency Telephone:

Please mark all product categories that apply:

- Farmer/Grower (a portion of the produce and/or plants that you sell must be homegrown)
- Cottage Food (qualified foods properly prepared in the home kitchen)
- Artisan, Specialty, Crafter (handmade items only)
- Honey, Maple Syrup, Eggs, Cider
- Licensed Processed Food Vendor (processed, packaged, value added foods)
- Food Cart Vendor (ready to eat hot or cold food)
- Pet Food and Treats
- Wine or Hard Cider (with proper licensing)
- Non-Profit Booth – Contact Market Manager (free when space allows)

Please mark how you will participate in the market:

- All Season (23 weeks) June 4 – October 29
- Daily Vendor – mark weeks below or contact Market Manager by 3pm on Tuesday before market.

June	July	August	September	October
4	2*	6*	3	1
11	9	13	10	8
18	16	20*	17	15
25	23	27	24	22
	30			29*

*special events

Fees: Make checks payable to the GRATIOT AREA CHAMBER OF COMMERCE with St. Louis Farmers Market in the memo field

Type of Vendor	Number of Weeks	x Number of Stalls	x Price per Stall	= Total \$ Due
Seasonal	22		\$7.00	
Daily			10.00	
Non-Profit			N/A	
Total Enclosed:				

(multiply Number of Weeks by Number of Stalls and then multiply by Price per Stall to get Total Due)



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Farmers Market Metrics Questions are denoted by an asterisk (*) Please see the Metrics Vendor letter and Privacy Policy for more information.

*Including yourself, how many people work for your business? This includes family, paid, unpaid, contract, intern, and apprentice.

Seasonally (149 days or less) _____

Year-round (150 days or more) _____

*Is your business women-owned (51% or more equity, interest, or stock)

_____ Yes _____ No

*Which of the following best describes the primary owner of your business? (circle all that apply)

White Spanish/Hispanic/Latino Black/African American

American Indian/Alaska Native Asian/Asian American

Multi-Racial prefer not to answer.

*Is the primary owner of your business younger than 35 years of age?

_____ Yes _____ No

Booth Information:

Please list full names (and ages if under 16) of those who will be assisting you at your booth:

Please describe how you plan to display your goods and what vehicle and/or trailer you plan to park in your space: _____

The CASH TOKEN Program

\$5 wooden tokens will be given out by the market to customers as prizes or other incentives. Any item sold at the market is eligible to be purchased with a CASH TOKEN as long as the vendor participates in the program.

Are you interested in participating in the CASH TOKEN program? YES _____ NO _____



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PRODUCT DECLARATION

FARMER/GROWER – Fruits, Vegetables, Plants, Flowers

Please describe all products that you plan to bring to the market. An Item is HOMEGROWN if you grow the item on your own farm. If you do not grow the item but will be bringing it to the market for sale, then list it under RESELLING. Please specify if Certified Organic. A PORTION OF WHAT YOU BRING MUST BE HOMEGROWN.

HOMEGROWN: _____

RESELLING: _____

Please list dates available for a tour of your farm so that homegrown produce can be verified:

*Please list the address of your primary point of production (if different from mailing address):

Are you a certified Organic Producer? _____ YES _____ NO
If yes then please submit a copy of certification. Certificate must be displayed at vendor booth.

Will you be selling perennials at the Market? _____ YES _____ NO
If yes then please provide a copy of Nursery Stock Dealer and Grower License.

*How many acres does your farm own _____? Lease _____?
*How many acres do you cultivate or use for grazing? _____
*How many years has the primary owner of your farm been farming? _____

Select which food assistance/incentive program(s) you wish to participate in:

_____ WIC Project FRESH _____ Senior Project FRESH _____ Double Up Food Bucks
_____ SNAP/EBT _____ Prescription for Health _____ Power of Produce Club



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PRODUCT DECLARATION

COTTAGE FOOD VENDOR

Please describe all Cottage Food Items you wish to sell in detail (flavors, types). If you have proof of completing the Michigan Cottage Food Law Food Safety Training, please attach it to this application. For more information, see www.michigan.gov/cottagefood

Do you want to participate in our SNAP/EBT food assistance program?

_____ YES _____ NO

Please initial the following: ____ I certify that my cottage food operation complies with the Michigan Cottage Food Law and with all labeling, and other provisions found in the Michigan Food Law, as well as other applicable state or federal laws, or local ordinances.

FOOD CART VENDOR (READY TO EAT)

Please describe all the food items you wish to sell. Attach a menu or more detail if necessary. Please include a copy of your food license. **Preference will be given to vendors who use locally sourced ingredients, especially from St. Louis Farmers Market vendors.** Please list what ingredients you will be sourcing locally.

ARTISAN/SPECIALTY/CRAFTER

All items must be an individual's creative effort and sold by the artist or their representative. Please describe the item(s) you wish to sell. Vendor is responsible for collecting sales tax and abiding by all Michigan sales tax laws.



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PRODUCT DECLARATION

HONEY, MAPLE SYRUP, EGG, CIDER VENDORS

Product Description:

Please Initial one of the following:

_____ I certify that my operation is EXEMPT from licensure under the Michigan Food Law and my operation meets all labeling, sanitation, building construct and design, and employee hygiene requirements of the Michigan Food Law.

_____ I certify that my operation IS LICENSED, and I have attached a copy of the license.

Do you want to participate in our SNAP/EBT food assistance program?

_____ YES _____ NO

HONEY VENDORS ONLY – Do you want to participate in our Senior Project Fresh Program?

_____ YES _____ NO

LICENSED PROCESSED FOOD VENDOR (includes meat and dairy)

These items must be produced in a licensed facility. Please attach a copy of your food license to this application. List details about the products you will be selling at the market:

Do you want to participate in our SNAP/EBT food assistance program?

_____ YES _____ NO

PET FOOD and TREATS

Please list the items you will be selling at the market:

Please initial:

_____ I certify that my operation IS LICENSED by MDARD and I have attached a copy of the license.



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PRODUCT DECLARATION

MICHIGAN WINE or HARD CIDER VENDOR

Please include a copy of your MLCC Farmer's Market Permit. The Application (LCC-250) can be obtained at: https://www.michigan.gov/documents/lara/Farmers_Market_Permit_Application_LCC-250_514980_7.pdf

Product Description:

Please Initial:

_____ I certify that my operation has been approved by the Michigan Liquor Control Commission (MLCC) to sell wine/hard cider at farmers markets and my application has been signed by the St. Louis Police Department.

_____ I understand that samples must be limited to **three 2-ounce samples per customer.**

_____ I understand it is my responsibility to keep customers inside my booth area while sampling the wine/hard cider and I will provide a waste receptacle for sample cups.

NON- PROFIT BOOTH

Please describe the activity or information that your organization will be bringing to the market.



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Agreement of Compliance/Waiver of Responsibility

I, as a vendor at the St. Louis Farmers Market, have read and fully understand the St. Louis Farmers Market Vendor Application, Product Declaration, and Rules and Policies. I certify that all information provided by me on the Vendor Application and Product Declaration is accurate and true to the best of my knowledge. I hereby agree to comply with the Rules and Policies and all other Federal, State and local regulations that apply, knowing full well that I will forfeit all monies paid and my right to sell at the Market if I am found to be in noncompliance. The City of St. Louis, Gratiot Area Chamber of Commerce, and the St. Louis Farmers Market will not be held responsible for any damage to personal property, or for accidents or injuries sustained by myself (vendor) and/or my associates while using the St. Louis Farmers Market facilities.

Vendor Signature:

Date:

Printed Name:

Photo Release Authorization

The St. Louis Farmers Market and/or media outlets will, from time to time, take photographs of the market for promotional purposes. Photos may be taken with or without knowledge of the subject. While we will make every attempt to get permission for participation in a photograph from those subjects depicted, this written authorization gives the market permission to utilize all photos taken at the market for publicity and advertising purposes. By signing below, you acknowledge that photos taken at or around your booth are acceptable and will be allowed.

Vendor Signature:

Date:

Printed Name: