



**Midland Area Farmers Market
2019 Vendor Application**

Business/Farm Name: _____

Applicant's Full Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Cell #: _____ Do you text? **Y/N**

Email (or friend/family who will share communications): _____

Location of Business/Farm (if different from above): _____

Business Website: _____

Facebook: _____ Instagram: _____

Twitter: _____ Number of Years at MAFM: _____

Do you require electricity and why:(this cannot be guaranteed)

Vendor Category & Information

100% Farmer/Grower Baked Goods Food Truck

Plants/Flowers

Farmer, with locally purchased produce (must grow at least 50% of products for sale)

Wine Other: _____

Is your business certified organic? **Y / N**

2019 Market hours are 7 am – 1 pm Wednesday & Saturday
from May 4 – October 30

November dates are 2, 9 & 16 from 9a -12p. All vendors will be daily for November.

The Midland Area Farmers Market is dedicated to providing high-quality fresh, locally grown and/or produced foods, plants, flowers as well as other agri-business related products. We are committed to connecting residents and visitors with local farmers and producers while also providing an easy, enjoyable shopping experience.



Attendance days expected in 2019:

Wednesday Saturday Both

Attendance months expected for 2019:

May June July August September October

Stall quantity requested (limit of two): _____

Type of stall requested:

Payment for ALL stalls will be due after you receive an acceptance letter.

Annual Stall- \$450 Food Truck Annual Stall- \$600

Wholesale Stall- \$650** Daily Vendor [**\$25 application fee applies**]

**** All vendors must produce a minimum of 50% of what they sell.**

Top three stall location preferences (see enclosed map). Please note that locations are NOT guaranteed:

1. _____ 2. _____ 3. _____

The Midland Area Farmers Market participates in different food assistance benefits programs. Are you willing to accept alternative currencies? **Y / N**

If yes, reimbursement will be made, by check, from the Midland Business Alliance.

Farmers Market Licensing / Certificates:

Type	Identification Number
Sales Tax License	
Food Warehouse License	
Commercial Kitchen License	
Nursery Market Dealer's License	
Apiary License	
Other:	

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Fruits					
	Apples		Elderberries		Peaches
	Apricots		Gooseberries		Plums
	Blackberries		Grapes		Raspberries
	Blueberries		Lingonberries		Rhubarb
	Cherries - Sweet		Muskmelon		Saskatoons
	Cherries - Tart		Nectarines		Strawberries
	Currants				Watermelon
	Other:				
	Other:				

Product Check List:

Vegetables					
	Artichoke		Cucumber		Peppers
	Asparagus		Eggplant		Potatoes
	Beans - Lima		Garlic		Pumpkins
	Beans - Snap		Garlic Scapes		Radishes
	Beets		Kale		Rutabaga
	Broccoli		Kohlrabi		Salsify
	Brussels Sprouts		Leeks		Spinach
	Cabbage		Lettuce		Squash- Summer
	Carrot		Microgreens		Squash- Winter
	Cauliflower		Mushrooms		Sweet Corn
	Celeriac		Okra		Sweet Potatoes
	Celery		Onions		Swiss Chard
	Chinese Cabbage		Parsnips		Tomatoes
	Collards		Peas		Turnips
	Other:				
	Other:				
	Other:				

Other Farm Products/Specialty Food					
	Baked Goods		Maple Syrup		Perennials
	Honey		Herbs		Wreaths
	Jams/Jellies		Annuals	Other:	
	Other:				
	Other:				

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I certify that the above information is correct and accurate, and my signature is verification that I have read, understand and will adhere to the Rules and Regulations of MAFM. I understand that if I am approved as a Vendor at the MAFM, then I will have to sign a separate agreement outlining the terms and conditions of Market use as well as provide proof of insurance.

Date: _____

Vendor Signature: _____

Applications received prior to March 1, 2019 will receive priority.

Sign and return to: Midland Business Alliance – Farmers Market
300 Rodd St., Suite 101 Midland, MI 48640

If you have questions, please call or email Farmers Market Manager:
Emily Lyons at (989) 839.9901 or elyons@MBAmi.org

<p>OFFICE USE ONLY:</p> <p>Date Received: _____</p> <p>Received By: _____</p> <p>Date contacted: _____</p> <p>Date of Farm Visit: _____</p> <p>Insurance Received: _____</p>
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