

2018 Gladwin Farmers Market Vendor Application
Vendor Rates - \$70 for full season or \$12 for 1 day

Market Days for 2018 will be: **May** 12, 19, 26; **June** 2, 9, 16, 23, 30; **July** 7, 14, 21, 28; **August** 4, 11, 18, 25; **September** 1, 8, 15, 22, 29; and **October** 6, 13.

Vendor Name: _____ Farm Name: _____

Vendor Address, City and Zip: _____

Vendor Phone Number: _____ Vendor Email: _____

May the market manager give your phone number, email or address to a customer or another vendor if requested: _____ yes _____ no

Tentative dates you plan to attend: _____

What items will you bring to the Farmers Market? _____

Indicate which of the statements below apply to your farm/business for the 2018 Farmers Market (you may select more than one):

_____ I will be selling produce that I have grown myself on the home farm.

_____ I will be selling produce that I have grown myself on the home farm AND produce I have purchased. I understand that any produce I have not grown myself on the home farm must be clearly labeled and displayed with grower's name and location where the produce was grown. Vendors are allowed to purchase 50% of their produce items, by categories. Examples of categories: broccoli, cabbage, eggplant, kale, pepper, tomato, lettuce. Vendors are to provide a list of the items they plan to grow, during the season, to the market manager at the first market they attend. I understand that a farm visit will take place if verification is necessary. I understand that all produce sold at our market must be Michigan grown.

_____ I will be selling prepared edible products (complying with Cottage Food Law) that I have produced in my home. I understand that I CANNOT sell edible products that have NOT been prepared in my home.

_____ I will be selling crafted products that I have created and manufactured myself. I understand that I CANNOT sell any crafted products that someone else has created.

I have read and understand the Rules and Regulations for the Gladwin Farmers Market. I understand it is my responsibility to follow these rules and failure to comply will affect my attendance.

Signature of Vendor: _____ Date: _____

For more information please call Becky Gleason at 989-426-4133.

Please return this form with your payment to: Gladwin City Hall, c/o Gladwin Farmers Market, 1000 W. Cedar Ave., Gladwin, MI 48624.