

City of Ann Arbor Farmers Market
 2018 Daytime Vendor Application Checklist
To be completed by the applicant/vendor before turning into market office

Please ensure you have completed all of the following before submitting your application (check box when complete):

- Notarization (please make sure notary uses seal/stamp)
- Contact information is complete (please include an email address if possible)
- Relevant license, certification, and inspection numbers are listed
- At least two references with contact info listed
- Property information and address(es) are complete
- Complete producer product list
 - Varieties
 - Months available
 - Estimated yield)
- Attached copies of valid licenses, certifications, and inspections
- Map/sketch of farm properties attached (for farm properties only)
- Attached Ingredient List for Prepared Foods and/or Value Added Products
- Attached Product & Materials List for Artisan Products
- Attached Lease Agreement Information (for each property not owned by the applicant)

This application is subject to the requirements of the Market Operating Rules. Please see Section III.1 for more information. The application is valid from the date it is approved by market staff through March 1, 2019.

For internal use only: Rec'd Date: _____ Rec'd By: _____ Review Date: _____

Items missing/need to complete application (check when complete):

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Application: Approved _____ Denied _____

VENDOR CONTACT INFORMATION FOR THE PUBLIC

Please provide contact information that Market Staff can provide when your contact information is requested.
At least one contact option should be provided.

Vendor Name: _____

Business Name: _____

Addresses:

Mailing address:

Business location (if different):

Telephone numbers:

Business: _____ Mobile: _____ Home: _____

Email address: _____ **Website:** _____

Farmer CSA (Community Supported Agriculture) Information

- I intended to distribute my farm's 2018 CSA share pickup at Ann Arbor Farmers Market
- Wednesdays
 - Saturdays

CSA Months (circle all that apply):

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> May | <input type="checkbox"/> Sep |
| <input type="checkbox"/> Feb | <input type="checkbox"/> Jun | <input type="checkbox"/> Oct |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Jul | <input type="checkbox"/> Nov |
| <input type="checkbox"/> Apr | <input type="checkbox"/> Aug | <input type="checkbox"/> Dec |



City of Ann Arbor Farmers Market
2018 Daytime Markets Vendor Application

Vendor Name _____

(Vendor Name is defined as the name of person/business that will hold seniority for Farmers Market)

Business Name _____

Applicant's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact E-mail _____ Website _____

Vendor Identity (choose one) [] Producer [] Artisan

Check one:

- [] This is my first time applying to the Ann Arbor Farmers Market.
[] I am a current vendor at the Ann Arbor Farmers Market.
[] I am a former vendor and I am reapplying for entry.
[] I have applied to the market before but my application was denied.

Market Products (check all that apply):

- [] Vegetables [] Fruit [] Nursery Stock [] Decorative Plants/Cut Flowers
[] Meat/Seafood [] Dairy products [] Eggs [] Value-added foods [] Prepared Foods
[] Artisan products [] Other (please specify) _____

Type of business:

- [] Sole Proprietorship Total years of operation _____
[] Assumed Name Total years of operation _____
[] Partnership Total years of operation _____
[] Limited Liability Company Total years of operation _____
[] Corporation Total years of operation _____
[] Cooperative Total years of operation _____
[] Non-Profit Organization Total years of operation _____
[] Other (specify) Total years of operation _____

List below the license and inspection numbers required for the operation of your business and/or sale of your products, and any other license, registration, certification, or permit required by local, state, or federal law.

Provide copies of all valid & required licenses, registrations, certifications, or permits with your application packet.

Michigan sales tax license number _____

Nursery dealer license number _____

Plant dealer license number _____

Plant or nursery inspection number _____

Organic certification license number _____

Licensed kitchen number _____

Other relevant license number _____

Other relevant inspection numbers _____

If you are a business or cooperative, please list names and addresses of all owners and other persons involved and attach copies of the partnership, incorporation, organization, cooperative, or assumed name papers filed with the state or county. Also, provide the most recent annual filing for the business or cooperative (if any).

Name	Address	Phone	Email

List immediate family members (as defined by the Public Market Operating Rules Section VII.1.A.) who are actively participating in the business or actively participating with the vendor at market. *If any of these immediate family members have a stall of their own at the Ann Arbor Farmers Market, they cannot be listed on the application.*

Name	Relationship	Phone	Email

List any others who actively participate with vendor at market (employees, etc). *Please note only those individuals listed on the application will be allowed to sell on behalf of a vendor at the market.*

Name	Relationship	Phone	Email

Do you buy and resell any products at other sales outlets? Yes No

If you answered yes, please answer A & B:

A. Per the Public Market Operating Rules (Section V.1.B.), the Ann Arbor Farmers Market is a producers' only market, and resale is prohibited. If you purchase and resell any product(s) at other sales outlets, list these products below:

B. Describe how you ensure that resale items will not be sold at the Ann Arbor Farmers Market:

Please provide two references below. (Immediate family members, business partners and employees NOT allowed):

Name	Relationship	Phone	Email

Property Information: List ALL addresses where items are grown, produced, created, or stored for the purpose of selling at the Ann Arbor Farmers Market.

- If you have more than three properties**, please attach all additional information to this application.
- Please provide a map** for each farm property address, if you do not already have one on file. The diagram should consist of a sketch drawing or a printed map (i.e. Google Maps aerial view), clearly labeled, of all properties and include location of greenhouses and storage facilities as applicable.
- If the vendor is not the owner of any of the properties listed, **approved lease documentation is required**. All leases must be approved annually by the Market Manager. Products from rejected leases may not be sold at the Ann Arbor Farmers Market.
- If you have a written lease agreement for any of the properties listed on the application, you must provide a copy with this application.
- If you do not have a written lease agreement for the leased properties, you must provide the arrangement information in writing as an attachment to this application All lease documentation must include the following information:
 1. Vendor Name, Contact Name, Phone Number, Email.
 2. Landowner/Building Owner Name, Phone Number, Email.
 3. Lease term start and end dates.
 4. List of all products produced by vendor on leased property.
 5. Explanation of time spent by vendor on leased property, processes/work completed by vendor.

Property 1

Property Owner Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

What months of the year is this property used? _____

Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site, attach additional information)

	Square Footage	Heat Source (if any)	Purpose/Use
1			
2			
3			

Production on this property (Check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants/Cut Flowers Dairy
- Meat/Seafood Value-added foods Prepared Foods Artisan products
- Other (please specify) _____

Property Use (Check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
- Artist/Craftsman Workshop Storage Other (please specify) _____

Storage Please explain product storage methods on this property (refrigeration, dry storage, other cold storage, etc.): _____

Property 2: Property Owner Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____
 What months of the year is this property used? _____
 Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site, attach additional information)

	Square Footage	Heat Source (if any)	Purpose/Use
1			
2			
3			

Production on this property (Check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants/Cut Flowers Dairy
 Meat/Seafood Value-added foods Prepared Foods Artisan products
 Other (please specify) _____

Property Use (Check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
 Artist/Craftsman Workshop Storage Other (please specify) _____

Storage Please explain product storage methods on this property (refrigeration, dry storage, other cold storage, etc.): _____

Property 3: Property Owner Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____
 What months of the year is this property used? _____
 Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site, attach additional information)

	Square Footage	Heat Source (if any)	Purpose/Use
1			
2			
3			

Production on this property (Check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants/Cut Flowers Dairy
 Meat/Seafood Value-added foods Prepared Foods Artisan products
 Other (please specify) _____

Property Use (Check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
 Artist/Craftsman Workshop Storage Other (please specify) _____

Storage Please explain product storage methods on this property (refrigeration, dry storage, other cold storage, etc.): _____

Product List: Please provide the number of varieties, the expected months of availability and estimated yield for each product you sell. **On a separate piece of paper list all varieties for any items with an asterisk (*) and any items for which you grow 5 or more varieties.** If you sell products not listed here, please include a supplemental product list with this application. **Any products NOT submitted in writing with this application are not allowed to be sold without prior submission of an application update form and approval of the market manager.**

	# of varieties	Estimated Months Available	Estimated Yield
Nursery Stock*			
Annuals*			
Bulbs*			
Ferns*			
Hanging Baskets*			
Hostas*			
Houseplants*			
Michigan Natives*			
Perennials*			
Potted Herbs*			
Succulents*			
Tree Starts*			
Vegetable Starts*			
Decorative Plants			
Bittersweet			
Cut Flowers*			
Evergreens			
Ornamental Eggplant			
Ornamental Peppers			
Pussy Willow			
Winter berry			
Wreathes*			
Other			
Cheese*			
Chicken Eggs			
Duck Eggs			
Grains*			
Honey			
Mushrooms*			
Nuts*			

	# of varieties	Estimated Months Available	Estimated Yield
Fruit			
Bitter melon			
Blackberries			
Blueberries			
Cantaloupe			
Cranberries			
Elderberries			
Gooseberries			
Grapes*			
Honeydew			
Raspberries			
Strawberries			
Watermelon			
Tree Fruit*			
Apples*			
Apricots*			
Asian Pears*			
Cherries*			
Figs*			
Nectarines*			
Pawpaws*			
Peaches*			
Pears*			
Persimmons			
Plums*			
Quinces*			

Prepared Foods, Value-Added Products, Etc.: Attach a complete product list, including a list of ingredients for each product. Please identify which ingredients are locally produced in each product.

My food products are created in:

- A licensed kitchen
- My kitchen, in compliance with Michigan Cottage Food Laws
- Both in a licensed kitchen and in my home kitchen under Cottage Food Laws (if you check this box, please indicate which type of kitchen is used for each product)

What percentage of your food products are made with locally produced ingredients?

- 0% 1-25% 26-50% 51-75% 76-100%

Artisan Product Classification: Include a complete product list including a list of materials used to make each product and sample photos of the finished work.

- Jewelry Textiles Wood Metal Personal products (soap, candles, etc.)
 Photography Painting Clothing Glass/Ceramics Other _____

Vendor's Affidavit

- I/We _____ certify that I/ We am/are a Producer (s) or Artisan (s) as defined in the Public Market Operating Rules and the ordinances of the City of Ann Arbor, and intend to offer for sale and sell only articles of my/our own production or raising while occupying the Market.
- I/We understand that the City may request additional information to verify this Application, any amendments to this Application, as well as compliance with the Public Market Operating Rules, at any time, and I/We agree to provide such information within a reasonable time as determined by the Market Manager.
- I/We understand that I/we am/are entitled to sell or offer for sale only such items that have been described on this Application filed with the Market Manager.
- I/We understand that my/our Application must be updated and approved by the Market Manager prior to selling any new items.
- I/We understand and agree that I/we am/are prohibited from supplementing my/our own products with any other products that are partially or totally produced by anyone else.
- I/We have read and understand the City of Ann Arbor Public Market Operating Rules in effect as of this date and agree to comply with them.
- I/We further swear that all information provided to the City of Ann Arbor in or along with this Application by me/us on my/our behalf is complete and correct.
- I/We understand and agree that violation or falsification of any of the terms of this affidavit will result in immediate and permanent loss of permission to sell any product at the Ann Arbor Farmers Market.
- If signing for a business or cooperative, the individual(s) signing this Application and Affidavit have the requisite authority to do so.

Signature of Applicant (s): _____

Or Authorized Agent for Applicant(s): _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

Notary Public

County

My commission expires: _____