

**City of Ann Arbor Farmers Market**  
 2020 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, 2021. Please submit a HARD COPY of your application to the market office at 315 Detroit St, Ann Arbor MI 48104.***

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**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 2020 CSA share pickup at Ann Arbor Farmers Market

Wednesdays  Saturdays

CSA Months (circle all that apply):

- Jan
- Feb
- Mar
- Apr

- May
- Jun
- Jul
- Aug

- Sep
- Oct
- Nov
- Dec



City of Ann Arbor Farmers Market
2020 Daytime Markets Vendor Application

Business Name \_\_\_\_\_

\*(This is also the name that will hold seniority for the Farmers Market)

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
<b>Nursery Stock*</b>			
Annuals*			
Bulbs*			
Ferns*			
Hanging Baskets*			
Hostas*			
Houseplants*			
Michigan Natives*			
Perennials*			
Potted Herbs*			
Succulents*			
Tree Starts*			
Vegetable Starts*			
<b>Decorative Plants</b>			
Bittersweet			
Cut Flowers*			
Evergreens			
Ornamental Eggplant			
Ornamental Peppers			
Pussy Willow			
Winter berry			
Wreathes*			
<b>Other</b>			
Cheese*			
Chicken Eggs			
Duck Eggs			
Grains*			
Honey			
Mushrooms*			
Nuts*			

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

	# of varieties	Estimated Months Available	Estimated Yield
<b>Vegetables</b>			
Artichokes			
Arugula			
Asian Greens			
Asparagus			
Beans, dry			
Beans, green			
Beets			
Bok Choy			
Broccoli			
Broccoli Rabe			
Brussels Sprouts			
Cabbage			
Carrots			
Cauliflower			
Celery			
Chard			
Collards			
Corn			
Cucumbers			
Daikon			
Edamame			
Eggplant			
Endive			
Escarole			
Fennel			
Garlic			
Gourds			
Herbs*			
Kale			
Kohlrabi			
Leeks			
Lettuce (Head)			
Lettuce (Salad Mix)			
Lima Beans			
Mesclun			
Microgreens*			
Onions (Bunching)			
Onions (Storage)			

	# of varieties	Estimated Months Available	Estimated Yield
<b>Vegetables(cont')</b>			
Parsnips			
Peas			
Peppers*			
Potatoes			
Potatoes (Sweet)			
Pumpkins			
Radicchio			
Radishes*			
Rhubarb			
Romanesco			
Rutabaga			
Shallots			
Spinach			
Squash Blossoms			
Squash (Summer)			
Squash (Winter)			
Tomatillos			
Tomatoes*			
Turnips			
Wheatgrass			
Zucchini			
<b>Meat/Seafood</b>			
Beef			
Chicken			
Duck			
Fish*			
Goat			
Lamb			
Pork			
Rabbit			
Turkey			



**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: \_\_\_\_\_