City of Ann Arbor Farmers Market
2023 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:

	Notarization (please make sure notary uses seal/stamp)						
	Contact information is complete (please include an email address & phone number)						
	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 Food and Value Added Food Products						
	Attached Product and Materials List for Artisan Products						
	Attached Lease Agreement Information (for each property not owned by the applicant)						
	ormation. The application is valid from the date it is approved by market staff through 4. Please submit a HARD COPY of your application to the market office at 315 Detroit St, II 48104.						
	use only: Rec'd Date:Rec'd By:Review Date:						
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 locati	on (if different):	
Telephone numbers: Business:	Mobile:		Home:	
Email address:		Website:		
Social Media:				
	SA (Community Supporte my farm's 2023 CSA			
	□ Wednesda	ys □ Saturdays		
	CSA Months (c	sircle all that apply):		
□ Jan	□ May `	11 37	□ Sep	
□ Feb	□ Jun		□ Oct	
□ Mar	□ Jul		□ Nov	
□ Apr	□ Aug		□ Dec	



City of Ann Arbor Farmers Market 2023 Daytime Markets Vendor Application

Business Name			
*(This is also the name that v	vill hold seniority for the Fa	armers Market)	
		,	
Mailing Aggress			
City	State	ZipCell Phone	
Home Phone	Work Phone	Cell Phone	
Contact E-mail		Website	
Social Media:			
Vendor Identity (choose one Check one:	e) 🗆 Producer	□ Artisan	
	applying to the Ann Arbor for at the Ann Arbor Farme		
	or and I am reapplying for		
		-	
□ I have applied to the	e market before but my ap	phication was deflied.	
Market Products (check all	that apply):		
		□ Decorative Plants	□ Cut Flowers
		□ Value-Added Food	
		Be Specific)	
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Type of business:			
□ Sole Proprietorship	Total years of operation_		
□ Assumed Name	Total years of operation_		
□ Partnership	Total years of operation_		
□ Limited Liability Company			
□ Corporation	Total years of operation_		
□ Cooperative	Total years of operation_		
□ Non-Profit Organization	Total years of operation_		
□ Other (specify)	Total years of operation_		
= • · · · · · (ep • · · ·)			
List below the license and ins	spection numbers required	d for the operation of your bus	iness and/or sale of your
		on, or permit required by local	
		istrations, certifications, or p	
application packet.	_		·
Michigan sales tax license nu			
Nursery dealer license numb	er		
Plant dealer license number			
Plant or nursery inspection n	umber		
Organic certification license	number		
Licensed kitchen number			
Other relevant license number	er		
Other relevant inspection null	mners		

If you are a business or cooperative, please list names and addresses of all owners and people involved and attach copies of the partnership, incorporation, organization, cooperative, or assumed name papers filed with the state or county. Provide the most recent annual filing for the business or cooperative (if applicable). 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 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 (i.e. employees). 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.), Ann Arbor Farmers Market is a produceronly market and resale is prohibited. List products you purchase and resell elsewhere below: B. Describe how you will ensure that resale items are not 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

-	ose of selling at the Ann Arbo	oresses where items are grown, pro or Farmers Market.	Juucea, C	realed, or stored <u>for the</u>
	If you have more than three Please provide a map for eadiagram should consist of a slabeled, of all properties and If the vendor is not the owner required. All leases must be may not be sold at the Ann All fyou have a written lease agprovide a copy with this applied If you do not have a written learrangement information in which include the following information in the lease term start and eads. List of all products produc	e properties, please attach all additional form property address, if you do not ketch drawing or a printed map (i.e. Continuous include location of greenhouses and so of any of the properties listed, approperties approved annually by the Market Mairbor Farmers Market. In the properties listed approperties listed approperties listed approperties approperties application. It is a series and attachment to this application: It is the properties application: It is the properties listed application: It is the properties application: It is the properties application: It is properties application: It is properties attachment to this application.	ot already Google Ma storage face ved lease nager. Pro ed on the a ties, you m	have one on file. The ps aerial view), clearly cilities as applicable. documentation is ducts from rejected leases application, you must must provide the ase documentation must
	rty Owner Name:			Zip code:
Addre	SS:	City:	State:_	Zip code:
Total	Acres Farmed:	erty used? Total Kitchen/Workshop Squ re more than 3 greenhouses on this s		
	Square Footage	Heat Source (if any)	Purpos	se/Use
1				
2				
3				
□ Veg	at/Poultry+ □ Eggs	all that apply): □ Nursery Stock □ Decorative P □ Dairy Products □ Value-Addeducts □ Other (be specific)	d Food	□ Prepared Food
Prope □ Pas □ Artis	erty Use (check all that apply): ture	□ Food Preparation □ Packaging □ Storage □ Other (be specific)_ chods at this property (refrigeration, do	□ Cooking	l/Baking

Prope	rty 2:Property Owner Name:_			
\ddre	ss:	City:	State:	Zip code:
Vhat i	months of the year is this prop	perty used?	Saucro Footor	0.
otal A	Acres Faimed:	Total Kitchen/Workshop \$	oquare Footag	Ե
Green	house Information (If there a	are more than 3 greenhouses on th	nis site. attach	additional information)
		Heat Source (if any)		
1				
2				
3				
Prod u	ction on this property (chec	k all that apply):		
Veg	etables Fruit	□ Nursery Stock □ Decorativ	e Plants	□ Cut Flowers
] Mea	t/Poultry+ □ Eggs	☐ Dairy Products ☐ Value-Ac	lded Food	□ Prepared Food
Grai	ns/Legumes 🗆 Artisan prod	ducts □ Other (Be Specific)		•
	rty Use (Check all that apply)		- - · · ·	(D. 1.)
		☐ Food Preparation ☐ Packagin		
Artis	t/Craftsman Workshop	☐ Storage ☐ Other (please sp	ecify)	
1000	ne Diagos explain product etc	rage methods on this property (ref	riagnation dry	storogo other cold
		rage methods on this property (refr		storage, other cold
ituray	e, e.c.)			
Prope	rty 3: Property Owner Name:			
\ddre	SS:	Citv:	State:	Zip code:
Vhat ı	months of the year is this prop	perty used? Total Kitchen/Workshop \$		·
otal A	Acres Farmed:	Total Kitchen/Workshop \$	Square Footag	e:
	1	4 0 4		The Life of A
reen		are more than 3 greenhouses on th		
4	Square Footage	Heat Source (if any)	Purpose	e/Use
1				
2				
3				
	iction on this property (chec	* * * *		
		□ Nursery Stock □ Decoration		
		☐ Dairy Products ☐ Value-Ac		
Grai	ns/Legumes 🗆 Artisan prod	ducts Other (Be Specific)		
\	marella a /ala a ala a II (bartara II X			
-	rty Use (check all that apply):			/D . I .
Past			-	_
Artis	t/Craftsman Workshop	☐ Storage ☐ Other (please sp	ecity)	
Man		sthooloop thioppopolity (usfular - us tis	n dui otavara	francisco atali
otora	ge explain product storage me	ethods on this property (refrigeratio	n, ary storage,	rreezers, etc):

Product List: 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+ varieties. If you sell products not listed here, please include a product list with this application. Any products NOT submitted in writing with this application are not allowed to be sold without prior approval of the market manager and submission of an application update form.

	# of varieties	Estimated Months Available	Estimated field
Varo	# %	ш́Б́́	Ϋ́ Ē
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			
Wreaths*			
Dairy/Eggs/Other			
Cheese*			
Chicken Eggs			
Duck Eggs			
Goose Eggs			
Grains*			
Honey			
Mushrooms*			
Nuts*			
Quail Eggs			

	# of varieties	Estimated Months Available	Estimated Yield
Fruit			
Blackberries*			
Blueberries*			
Cranberries*			
Elderberries			
Gooseberries			
Grapes*			
Melons*			
Raspberries*			
Strawberries*			
Watermelons			
Tree Fruit*			
Apples*			
Apricots*			
Asian Pears*			
Cherries*			
Figs*			
Mulberries			
Nectarines*			
Pawpaws*			
Peaches*			
Pears*			
Persimmons			
Plums*			
Quinces*			
Saskatoon/Serviceberry			

	# of varieties	Estimated Months Available	Estimated Yield
Vegetables			
Artichokes			
Arugula			
Asian Greens			
Asparagus			
Bitter Melon			
Beans, Dry			
Beans, Green			
Beans, Wax			
Beans, Lima			
Beets			
Bok Choy			
Broccoli			
Broccoli Raab			
Brussels Sprouts			
Cabbage			
Cabbage, Napa			
Carrots			
Cauliflower			
Celery			
Chard			
Collards			
Corn			
Cucumbers			
Daikon Radish			
Edamame			
Eggplant			
Endive/Escarole			
Fennel			
Garlic			
Gourds			
Herbs*			
Kale			
Kohlrabi			
Leeks			
Lettuce			
Microgreens*			
Onions, Bunching			
Onions, Storage			

	# of	Estimated Months Available	Estimated Yield
Vegetables(cont')			
Parsnips			
Peas			
Peppers, Sweet*			
Peppers, Hot*			
Potatoes			
Potatoes, Fingerling			
Potatoes, Red			
Pumpkin			
Radicchio			
Radishes*			
Rhubarb			
Rutabaga			
Shallots			
Spinach			
Squash Blossoms			
Squash, Summer			
Squash, Winter*			
Sweet Potatoes			
Tomatillos			
Tomatoes			
Tomatoes, Heirloom			
Wheatgrass			
Zucchini			
Meat/Poultry+			
Beef			
Chicken			
Duck			
Fish*			
Goat			
Goose			
Lamb			
Pork			
Rabbit			
Turkey			

Prepared Food & Value-Added Food Products: <u>Attach a complete product list, including a list of ingredients for each product. Please identify which ingredients are locally produced in each product.</u>

My food prod	□Му	icensed kitchen kitchen, in comp					
		th in a licensed k k this box, please		,		0	(if you
What percer □ 0% □ 1-2	-	ood products are -50% □ 51	made with loo -75% □ 7	• •	ingredients?		
		ation: <u>Include a</u> sample photos o			luding a list o	of materials use	<u>∍d to</u>
□ Jewelry	□ Textiles	□ Woodwork	☐ Metalwork	□ Candles		Body Care Prod	
□ Clothing	□ Painting	□ Glass	☐ Ceramics	□ Pnotograp	ny ⊔ Otner		
Vendor's Af	ffidavit						
vhile while while I/We amer time, Mana I/We desc I/We to se I/We any c I/We date I/We by m I/We imme If sign requi	ucer (s) or Artist of Ann Arbor, a coccupying the understand that and I/We agreed ager. understand that understand that understand that understand and and agree to confurther swear to elus on my/our understand and ediate and perraning for a busing site authority to the solution of the elus on my/our understand and ediate and perraning for a busing site authority to the solution of the elus on my/our understand and ediate and perraning for a busing site authority to the elus on my/our understand and ediate and perraning for a busing site authority to the elus on my/our understand and ediate and perraning for a busing site authority to the elus of	at the City may read the City may read Application, as we to provide such at I/we am/are emplication filed with at my/our Application and agree that I/we at that are partially with the manderstand the comply with them. That all information behalf is completed agree that violation and the complete and	equest addition well as compliant information with the Market attion must be a am/are prohibit of Ann All an provided to the and correct attion or falsific termission to so we, the individual and correct attion or falsific termission to so we, the individual and correct attion or falsific termission to so we, the individual and correct attions or falsific termission to so we, the individual and correct attions are so we attion or falsific termission to so we attack the individual and correct attack the individu	sell only articles nal information lance with the I within a reason or offer for sale Manager. updated and a libited from sup luced by anyon rbor Public Man the City of Anr ot. cation of any of ell any product dual(s) signing	ating Rules and as of my/our own to verify this Application of the second only such item peroved by the plementing my see else. If the terms of the this Application of the terms of the t	wn production of Application, any Operating Rules determined by the sthat have been a Market Manage y/our own productiong with this Application of the strain of the strain and Affidavit has a strain and a strain a str	s of the r raising s, at any ne Marker en ger prior acts with as of this oplication result in ave the
Or Authorize	d Agent for Ap	plicant(s):					
Subscribed a	and sworn to b	efore me on this	day	of	, 2	20	
		Notary	Public				
		County My cor	/	ires:			