City of Ann Arbor Farmers Market
2022 Daytime Market Mobile Food Vendor
To be completed by the applicant/vendor before turning into market office.

____ Contact information is complete (please include an email address if possible), p. 1
____ Months of planned participation are checked off, p. 1
____ Relevant license, certification, and inspection numbers are listed, p. 1
____ At least two references with contact info are listed, p. 1
____ Property information and address(es) are complete, p. 2
____ Complete product list and truck menu attached, p. 3
____ Notarized, p. 3
____ Copies of relevant licenses, certifications, and inspections are attached and up-to-date

This application is valid only for mobile food vendors operating with STFU or food service licenses. Mobile food vendors are given the status of a Daily Mobile Food Vendor under the Public Market Operating Rules, which does NOT provide a mobile food vendor with Daily Vendor or Annual Vendor status at the Ann Arbor Farmers Market. Upon acceptance, this application will only provide a mobile food vendor permission to set up on predetermined markets with the permission of the Market Manager.

Please note that if any of these items are incomplete or left blank, your application will be considered incomplete. Any updates to this application, including but not limited to new product additions, are subject to approval by the market manager prior to the first food truck event on which the updates take effect.

For internal use only: Rec’d Date: _____________ Rec’d By:_________ Review Date:___________

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

☐ ☐
☐ ☐
☐ ☐

Application:  ☐ Approved_________________  ☐ Denied_________________
City of Ann Arbor Farmers Market
2022 Daytime Mobile Food Vendor Application

Business Name ________________________________
Applicant’s Name ________________________________
Mailing Address ____________________________________________________________________
City __________________________ State __________ Zip __________
Home Phone __________________ Work Phone __________ Cell Phone ________
Contact E-mail ______________________________ Website __________________

Please check the months that you anticipate your mobile food business would like to sell at the market. If you are accepted, the Market Manager will send you more detailed scheduling instructions.

☐ April     ☐ July     ☐ October
☐ May      ☐ August     ☐ November
☐ June     ☐ September     ☐ December

What percentage of your food products are made with locally produced ingredients?
☐ 0%     ☐ 1-25%     ☐ 26-50%     ☐ 51-75%     ☐ 76-100%

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 ____________________________________________
STFU License Number ________________________________________________
Food Service License Number (Temporary if applicable) _________________________
Other relevant license number __________________________________________________

Please list the names and addresses of all owners and other persons involved with your business. List any other family/staff members who will actively participate with your business at the Market.

Name ___________________ Address ___________________ Phone ___________ Email ___________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

Name ___________________ Relationship ___________________ Phone ___________ Email ___________
________________________________________________________________________________________
Special Requirements/Space Requirements: Please list any special requirements for your food unit below. 
ie: What is the approximate length/size of your truck or cart? Do you use electricity?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Property Information: List ALL addresses where items sold from your truck are produced, created, or stored for the purpose of selling at the Daytime Farmers Market.

Property 1
Property Owner Name:__________________________________________
Address:__________________________________________City:_____________State:___Zip code:_______

What months of the year is this property used?____________________
Total Kitchen/Workshop Square Footage:____________________

Production on this property (Check all that apply):
☐ Value-added foods  ☐ Prepared Foods
☐ Other (please specify)______________________________

Property Use (Check all that apply):
☐ Food Preparation  ☐ Packaging  ☐ Cooking/Baking
☐ 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 Kitchen/Workshop Square Footage:____________________

Production on this property (Check all that apply):
☐ Value-added foods  ☐ Prepared Foods
☐ Other (please specify)______________________________

Property Use (Check all that apply):
☐ Food Preparation  ☐ Packaging  ☐ Cooking/Baking
☐ Storage  ☐ Other (please specify)______________________________

Storage Please explain product storage methods on this property (refrigeration, dry storage, other cold storage, etc.):
________________________________________________________________________________________
________________________________________________________________________________________
Product List & Menu: Please provide a complete product list, including a list of ingredients for each product, and copy of your menu with this application. Please identify which ingredients are produced/purchased locally in each product. 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.

Photos: Please attach at least 1 photo of your truck/cart/display or at least 1 photo of your products to this application.

Vendor’s Affidavit

- I/We _____________________________________________________ certify that I/ We am/are a Mobile Food Vendor 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 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: _________________________