

City of Ann Arbor Farmers Market
 2023 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):

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

Application: Approved _____ Denied _____



City of Ann Arbor Farmers Market
 2023 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.

- | | | |
|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> 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:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Sole Proprietorship | Total years of operation _____ |
| <input type="checkbox"/> Assumed Name | Total years of operation _____ |
| <input type="checkbox"/> Partnership | Total years of operation _____ |
| <input type="checkbox"/> Limited Liability Company | Total years of operation _____ |
| <input type="checkbox"/> Corporation | Total years of operation _____ |
| <input type="checkbox"/> Cooperative | Total years of operation _____ |
| <input type="checkbox"/> Non-Profit Organization | Total years of operation _____ |
| <input type="checkbox"/> 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: _____