

2017
FRANKENMUTH FARMERS MARKET APPLICATION
SUPPORTING MICHIGAN GROWERS AND PRODUCERS

SATURDAY & WEDNESDAY LOCATION, 534 NORTH MAIN STREET, FRANKENMUTH, MICHIGAN 48734

Saturday

May 13 - Oct 14
8 am - 2 pm (till Labor Day)
9 am - 2 pm (after Labor Day)

Wednesday

June 7 - Oct 11
3 pm - 6 pm

Applications Due May 1, 2017

SATURDAY

_____ Season Outside Fee	\$345.00 (23 weeks x \$15.00)
_____ Monthly Outside Fee	\$20.00 times number of weeks not less than 5
_____ Daily Outside Fee	\$25.00
_____ Season Inside Fee	\$460.00 (23 weeks x \$20.00)
_____ Monthly Inside Fee	\$25.00 times number of weeks not less than 5
_____ Daily Inside Fee	\$30.00

ASK ABOUT OUTSIDE FRONT FEE

I am applying for _____ Saturday market stalls (limit 3).

WEDNESDAY

_____ Season Outside Fee	\$285.00 (19 weeks x \$15.00))
_____ Monthly Outside Fee	\$20.00 times number of weeks not less than 5
_____ Daily Outside Fee	\$25.00
_____ Season Inside Fee	\$380.00 (19 weeks x \$20.00)
_____ Monthly Inside Fee	\$25.00 times number of weeks not less than 5
_____ Daily Inside Fee	\$30.00

ASK ABOUT OUTSIDE FRONT FEE

I am applying for _____ Wednesday market stalls (limit 3).

Stall size: 10'x10, parking at site

Contact Market Manager for accommodations that vary.

ELECTRONIC SALES FEE-AVAILABLE AT BOTH MARKETS. The 2017 Fee for the use of the Market Credit/Debit convenience is \$10.00 for the entire season including Wednesday.

Name(s) _____

Name of those manning stall in your stead _____

Address _____

City _____ State _____ Zip _____

Farm or Business Location if other than above.

DBA _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Best way to reach you? _____

E-mail _____ Web site Address _____

May we list the following information our website?

Address-Yes__No__, Home Phone-Yes__No__, Business Phone-Yes__No__, E-mail-Yes__No__

_____ I agree to farm inspections by the MM and/or a Board Member for the 2017 growing season.

Sales Tax # _____

(Attach photocopy of STC if you sell taxable items, unless on file with FFM)

Insurance Company _____

(Attach copy of Certificate of Insurance for general liability)

It is not required that vendor have liability insurance, however, it is recommended.

Other applicable vendor and licensing proofs _____

(Attach copy of all applicable documents)

- Kitchen Permit—Attach copy of appropriate certificate from either Saginaw County Board of Health or Michigan Dep't of Agriculture.
- Market is held rain or shine.
- Tents must be tied down at all times.
- No smoking at the vendor stalls.
- Saturday and Wednesday location: Downtown Frankenmuth at 534 North Main Street, Frankenmuth
- Date/Time:
Saturday May 13, 2017 thru October 14, 2017 8 am-2 pm/9 am-2pm
Wednesday June 7, 2017 thru October 11, 2017 3 pm-6 pm

- Frankenmuth Farmers Market is approved to accept EBT, Double Up Food Buck and Project Fresh/ Project Senior Fresh. All eligible vendors are invited to participate.
 - The Frankenmuth Farmers Market has a Market Grievance Policy.
 - The Frankenmuth Farmers Market requires that vendors report their sales. This information is strictly confidential and is used only as a quantifying figure for tracking the success of the Market.
 - Frankenmuth Farmers Market will be identified by the acronym: FFM.
- ***Frankenmuth Farmers Market does not supply tents or tables. If you need a tent or table you supply it yourself.

VENDOR COMPLIANCE AND INDEMNITY AGREEMENT:

I (we), the undersigned, have read the Rules and Regulations for FFM, and do agree to abide by all these rules and regulations.

I (we) further understand that failure to comply with the rules and regulations of FFM and federal, state and county regulations and licensing, could mean dismissal from the market.

As a vendor wishing to participate in FFM, I (we) agree to SAVE, HOLD HARMLESS AND INDEMNIFY FFM, Frankenmuth Credit Union, the City of Frankenmuth and any other property owners associated with the FFM from any and all liability or responsibility pertaining to any damages to person or property on the site assigned to me (us) by FFM, when such damages or liability arise out of acts of my (our) own, or of my (our) employees or associates, located at such site.

I swear to the best of my knowledge that the information that I have given is true and I have read the application.

Name (print)	Signature	Date
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Name (print)	Signature	Date
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2017 SEASON ACCOUNTING

Saturday number of outside stalls _____ @ _____ = _____

Saturday number of inside stalls _____ @ _____ = _____

Wednesday number of outside stalls _____ @ _____ = _____

Wednesday number of inside stalls _____ @ _____ = _____

Electron Sales Machine Fee \$10.00 = 10.00

Total Enclosed _____

2017 Sales Reporting Agreement

Dear Valued Vendors,

The Frankenmuth Farmers Market as a 501C3 entity will be continually seeking funding for our Market through grants and other funding opportunities. This funding will continue for the life of our Market as we continue to maintain and improve ourselves for you. Granting agencies and foundations require information about our Market. One such bit of information consistently required by our grantors is income generated through the Market by our vendors.

The Market's Marketing Committee will also use this general along with customer counts, scheduled events, educational activities and other inputs to assist in their marketing our Market.

We have no way of knowing this information without your cooperation therefore, as a vendor at our Market we are now **REQUIRING** equally from all vendors (seasonal and daily alike) an anonymous report of your gross sales for both Saturday and Wednesday. A system for this recording has been developed to make it as easy as possible for you.

A number will be assigned to you. This number will be your acknowledgement that you have reported. Only the Business Manager and the Market Manager will have access to this number's assignment.

Reporting will be a two part process done at the Market Office. 1. Simply record your sales any given Saturday and Wednesday with date on a piece of paper and place in a sealed box and 2. place a check mark by your number for the reporting date.

Your signature to this document acknowledges that you accept the terms and that you will be assisting the Market for success into the future.

We cannot thank you enough for your help.

My signature signifies that I agree to the terms.

Vendor Name

Vendor Signature

Date

Application Checklist for your convenience:

_____ I have read all the information.

_____ **Sales Reporting Agreement, please return signed**

_____ **Completed application, please return signed**

_____ **Completed listing of produce and products**

with

_____ **Stall Fee with check or money order, payable to FMM**

_____ **Electronic Sales Fee**

_____ **Photocopy of State Tax Certification if you sell taxable items (required of new applicants and those selling taxable items for the first time)**

_____ **Copy of Certificate of Insurance for at least \$500,000 for general (premises and product) liability insurance, naming FFM as an additional insured.***

_____ **Copy of appropriate certificate from either Saginaw County Board of Health or Michigan Dep't of Agriculture.**

_____ **Plant growers' license**

_____ **Nursery dealers' license**

_____ **All other licenses/permits that may be required by law.**

*Recommended not required.

Mail application and payment to:

Frankenmuth Farmers Market
Ed Sunday Market Manager
Post Office Box 63
Frankenmuth, Michigan 48734

Applications will be accepted all through the growing season, however, seasonal contracts must reach Market Manager by May 1, 2017.

Questions:

Edward Sunday MM

989.607.9214

frankenmuthfarmersmarket@gmail.com

Thank you for making this application to the Frankenmuth Farmers Market.

FFM maintains a waiting list for vendors.

We hold to our mission to provide the freshest, high quality product to the consumer and we welcome you into our market.

The Market Manager or a Board Member will be contacting you to schedule an inspection date and time.

We are looking forward to a great season.

Notes/
Comments: _____

