

2018
FRANKENMUTH FARMERS MARKET APPLICATION
SUPPORTING MICHIGAN GROWERS AND PRODUCERS



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

Saturday
May 19-Oct 13
8a.m.-2 p.m.
(opens 9 a.m. after Labor Day)

Wednesday
June 27-Aug 29
3-6 p.m.

Applications Due May 1, 2018

SATURDAY

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

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

WEDNESDAY

___ Season Fee	\$150.00 (10 weeks x \$15.00)
___ Season inside Fee	\$200.00 (10 weeks x \$20.00)
___ Monthly Fee	\$20.00 times number of weeks not less than 5
___ Monthly inside Fee	\$25.00 times number of weeks not less than 5
___ Daily	\$25.00
___ Daily inside Fee	\$30.00

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

Stall size: 10'x12', parking at site

Contact Facilities Manager for accommodations that vary.

IF YOU ARE APPLYING FOR THE SEASON YOU MUST PAY THE FULL SEASON FEE EVEN IF YOU ARE NOT PRESENT EVERYDAY!

Name(s)_____

Name of those manning stall in your stead_____

Address_____

City_____ **State**_____ **Zip**_____

There can only be one vendor per stall(s).

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 on 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 2018 growing season.

All Produce Vendors must Schedule farm inspections two weeks prior to attending Markets.

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.
- Smoking is prohibited on FFM property.
- Tents are not permitted under the Pavilion.
- Saturday and Wednesday location: 534 North Main Street, Frankenmuth
- Date/Time:

Saturday	May 19, 2018 thru October 13, 2018	8 a.m.-2 p.m.
Market opens (9 a.m. after Labor Day)		
Wednesday	June 27, 2018 thru August 29, 2018	3 p.m.-6 p.m.
We will not be having a July 4 Market		
- 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.

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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Mission Statement

Promote and provide locally grown food and products, education, and entrepreneurial opportunities to benefit the community and foster sustainability

2018 Season Accounting

Saturday number of stall(s)	_____ @ _____	= _____
Wednesday number of stall(s)	_____ @ _____	= _____
Electronic Sales Fee		<u>\$10.00</u>
Total enclosed		_____

2018 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 FFM marketing committee will use this information along with customer counts, scheduled events, educational activities and other data to assist in their marketing efforts.

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.

Reporting will be a process done in the Market Office. 1. Simply record your sales any given Saturday and/or Wednesday you participate on a piece of paper and hand it to the Facilities Manager, or deposit in the box in the FFM Business Office.

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, and value you as a vendor at FFM.

My signature signifies that I agree to the terms. Date _____

Vendor Name _____

Vendor Signature _____

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

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

_____ Electronic Sales Fee, please add \$10.00 for the season to cover the costs associated with accepting tokens.

_____ 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
Gale Howe, Executive Director
PO Box 63
Frankenmuth, MI 48734

Applications will be accepted all through the growing season, however,

seasonal contracts must reach the office at the Frankenmuth Farmers Market by May 1, 2018 **or arrangements made.**

Questions:

Gale Howe

989-607-9214

frankenmuthfarmersmarket@gmail.com

FFM maintains a waiting list for vendors.

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

The Facilities Manager will be contacting you to schedule an inspection date and time.

We are looking forward to a great season!

The Frankenmuth Farmers Market is a proud member of MIFMA.

In the spirit of fostering a strong farmers market industry in our state, the FFM encourages you join MIFMA at the discounted vendor rate of \$30.00. **Visit www.mifma.org**

