



2017 FARMERS MARKET APPLICATION



Value Added Products: Due April 10

CONTACT INFORMATION

Company/Farm Name: _____

Owners Name: _____

Market Representative (if Different): _____

Full Farm Address(es): _____
(With County) _____

Full Mailing Address: _____

Phone: _____ Email: _____

Total Acreage of Farm (if applicable): _____

FOOD ASSISTANCE PROGRAMS

The following is a list of the Food Assistance Programs that the Sara Hardy Downtown Farmers Market accepts along with a brief description of each. To sign up to participate for these programs, please stop by the SEEDs Office at Market to pick up the agreements & a required w-9.

IF YOU ARE PARTICIPATING PLEASE FILL OUT THE BOTTOM PART OF THIS PAGE.

EBT: Formerly known as food stamps, these benefits go to a wide variety of individuals. Can be used for all edible Michigan products. (Wooden Tokens)

Double Up Food Bucks: These dollars supplement EBT to encourage the purchase of fresh food. Can be used for Michigan-grown fruits and vegetables only. (Silver Tokens)

Project Fresh: Money for fresh fruits and vegetables primarily for women with dependent children. (Paper Coupons)

Senior Project Fresh: Funding for seniors to purchase fresh fruits, vegetables, and honey. (Paper Coupons)
Please include the address and name in which to send your reimbursement check:

- Full Farm Address Above
- Full Mailing Address Above
- Other: _____
-

- Company/Farm Name Above
- Owner's Name Above
- Other: _____

(CONTINUED ON BACK)

TRAVERSE CITY DDA
P.O. BOX 42, TRAVERSE CITY, MI 49685

P: (231) 922-2050

F: (231) 922-4863

2017 FARMERS MARKET APPLICATION

Value Added Products: Due April 10

ATTENDANCE

Assigned spaces will be allocated based on duration of attendance, timing of application submission, and product balance. If the Vendor is unsure of their Market attendance at the time the application is submitted, they should contact the DDA office at least one week in advance to confirm attendance and duration of Market attendance. This will help ensure a space on the Vendor's desired Market dates. If no such contact is made, spaces are not guaranteed and will be given out on a first come, first serve basis.

Please fill in your attendance to the best of your knowledge.
Please use the format MM/DD/YY:

- WEDNESDAY MARKETS ONLY from _____ to _____
- SATURDAY MARKETS ONLY from _____ to _____
- WEDNESDAY & SATURDAY MARKETS from _____ to _____
- Unsure of market attendance and will contact the DDA office at least one week in advance of attending.

BOOTH SIZE REQUEST

There are four space sizes this season: Bronze, Silver, Gold, and Platinum. Please number in order your preference of booth size. (1 being most desirable, 4 being least desirable) Descriptions of these sizes can be found in Section VI of the rules. Size is not guaranteed, but will be highly considered when assigning reserved spaces. Vendors previous placement in the market will also be considered in booth assignments.

_____ **Bronze Booth:** 1 booth space, No Parking Space,
\$15/Wednesdays, \$20/Saturdays or Prepayment Option

_____ **Silver Booth:** 1 booth space, 1 vehicle space in Lot B,
\$20/Wednesdays, \$25/ Saturdays or Prepayment Option

_____ **Gold Booth:** 2 booth spaces, 1 vehicle space in Lot B,
\$30/Wednesdays, \$40/Saturdays or Prepayment Option

_____ **Platinum Booth:** 2 booth spaces, 2 vehicle spaces in Lot B
\$60/Wednesdays, \$70/Saturdays or Prepayment Option

TRAVERSE CITY DDA
P.O. BOX 42, TRAVERSE CITY, MI 49685

P: (231) 922-2050

F: (231) 922-4863

2017 FARMERS MARKET APPLICATION

Value Added Products: Due April 10

PRODUCTS

Vendors in this category must provide a copy of any required licenses/documentation for their products that they wish to sell with this application. Please complete the following information to the best of your knowledge. All questions may be directed to Caitlyn at the DDA at 231.922.2050 or caitlyn@downtowntc.com.

If you need more room, please feel free to continue on another page.

Proposed products you would like to sell at Market:

Where do you prepare the products offered for sale:

___% of ingredients used are grown by the applying vendor:

Please list those ingredients:

___% of ingredients used are purchased from local farmers/vendors:

Please list those ingredients AND the farmers/vendors you purchase from:

___% of ingredients used are purchased from other sources:

Please list those ingredients AND their source(s):

2017 FARMERS MARKET APPLICATION

Value Added Products: Due April 10

AGREEMENT

I certify that the attached list of products is exhaustive, that I have read and understand the 2017 Rules, and I will abide by them. Rules are available at www.downtowntc.com

The undersigned, declares and says he/she wishes to be permitted to participate in the Farmers Market as stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief, he/she will comply with all provisions of the ordinances of the City of Traverse City (hereafter "City") and policies of the Downtown Development Authority ("DDA") relative to the Farmers Market, and agrees to hold the City and DDA free and harmless from all liability which may be imposed upon them, to reimburse the City and DDA for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in its participation in the Farmers Market. The undersigned acknowledges that permission to participate in the Farmers Market may be revoked if it is determined any information regarding the applicant's participation was not accurately conveyed on this application document or if the City's or DDA's ordinances or policies are violated; and by signing, waives any claims of liability, financial or otherwise, against the City and DDA should permission be revoked. The applicant acknowledges that the City and DDA may be required from time to time to release records in their possession. The applicant hereby gives permission to the City and DDA to release any records or materials received by the city from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

X _____ Date _____

TRAVERSE CITY DDA
P.O. BOX 42, TRAVERSE CITY, MI 49685

P: (231) 922-2050

F: (231) 922-4863