

City of Ann Arbor Farmers Market
 2024 Daytime Vendor Application Checklist
To be completed by the applicant/vendor before turning into market office

Please ensure you have completed all the following before submitting your application:

- Contact information is complete (please include an email address & phone number)
- Relevant license, certification, and inspection numbers are listed
- At least two references with contact info listed
- Property information and address(es) are complete
- Complete producer product list
 - Varieties
 - Months available
 - Estimated yield)
- Attached copies of valid licenses, certifications, and inspections
- Map/sketch of farm properties attached (for farm properties only)
- Attached Ingredient List for Prepared Food and Value-Added Food Products
- Attached Product and Materials List for Artisan Products
- Attached Lease Agreement Information (for each property not owned by the applicant)

This application is subject to the requirements of the Market Operating Rules. Please see Section III.1 for more information. The application is valid from the date it is approved by market staff through March 1, 2025. Please submit a HARD COPY of your application to the market office at 315 Detroit St, Ann Arbor MI 48104.

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 _____

VENDOR CONTACT INFORMATION FOR THE PUBLIC

Please provide contact information that Market Staff can provide when your contact information is requested.
At least one contact option should be provided.

Vendor Name: _____
Business Name: _____

Addresses:
Mailing address: _____ Business location (if different): _____

Telephone numbers:
Business: _____ Mobile: _____ Home: _____

Email address: _____ **Website:** _____

Social Media: _____

Farmer CSA (Community Supported Agriculture) Information

I intend to distribute my farm's 2024 CSA share at the Ann Arbor Farmers Market

Wednesdays Saturdays CSA

Months (circle all that apply):

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> May | <input type="checkbox"/> Sep |
| <input type="checkbox"/> Feb | <input type="checkbox"/> Jun | <input type="checkbox"/> Oct |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Jul | <input type="checkbox"/> Nov |
| <input type="checkbox"/> Apr | <input type="checkbox"/> Aug | <input type="checkbox"/> Dec |



City of Ann Arbor Farmers Market
2024 Daytime Markets Vendor Application

Business Name
*(This is also the name that will hold seniority for the Farmers Market)
Applicant's Name
Mailing Address
City State Zip
Home Phone Work Phone Cell Phone
Contact E-mail Website
Social Media:

Vendor Identity (choose one) [] Producer [] Artisan

Check one:

- [] This is my first time applying to the Ann Arbor Farmers Market.
[] I am a current vendor at the Ann Arbor Farmers Market.
[] I am a former vendor and reapplying for entry.
[] I have applied to the market before but my application was denied.

Market Products (check all that apply):

- [] Vegetables [] Fruit [] Nursery Stock [] Decorative Plants [] Cut Flowers
[] Meat/Poultry+ [] Eggs [] Dairy Products [] Value-Added Food [] Prepared Food
[] Grains/Legumes [] Artisan products [] Other (Be Specific)

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
Nursery dealer license number
Plant dealer license number
Plant or nursery inspection number
Organic certification license number
Licensed kitchen number
Other relevant license number
Other relevant inspection numbers

If you are a business or cooperative, please list names and addresses of all owners and people involved and attach copies of the partnership, incorporation, organization, cooperative, or assumed name papers filed with the state or county. Provide the most recent annual filing for the business or cooperative (if applicable).

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |

List immediate family members (as defined by the Public Market Operating Rules Section VII.1.A.) who are actively participating in the business or with the vendor at market. *If any of these immediate family members have a stall of their own at the Ann Arbor Farmers Market, they cannot be listed on the application.*

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
| | | | |
| | | | |

List any others who actively participate with vendor at market (i.e. employees). *Please note only those individuals listed on the application will be allowed to sell on behalf of a vendor at the market.*

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
| | | | |
| | | | |

Do you buy and resell any products at other sales outlets? Yes No

If you answered yes, please answer A & B:

A. Per the Public Market Operating Rules (Section V.1.B.), Ann Arbor Farmers Market is a producer-only market and resale is prohibited. List products you purchase and resell elsewhere below:

B. Describe how you will ensure that resale items are not sold at the Ann Arbor Farmers Market:

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

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
| | | | |
| | | | |

Property Information: List ALL addresses where items are grown, produced, created, or stored for the purpose of selling at the Ann Arbor Farmers Market.

- If you have more than three properties**, please attach all additional information to this application.
- Please provide a map** for each farm property address if you do not already have one on file. The diagram should consist of a sketch drawing or a printed map (i.e. Google Maps aerial view), clearly labeled, of all properties and include location of greenhouses and storage facilities as applicable.
- If the vendor is not the owner of any of the properties listed, **approved lease documentation is required**. All leases must be approved annually by the Market Manager. Products from rejected leases may not be sold at the Ann Arbor Farmers Market.
- If you have a written lease agreement for any of the properties listed on the application, you must provide a copy with this application.
- If you do not have a written lease agreement for the leased properties, you must provide the arrangement information in writing as an attachment to this application. All lease documentation must include the following information:
 1. Vendor Name, Contact Name, Phone Number, Email.
 2. Landowner/Building Owner Name, Phone Number, Email.
 3. Lease term start and end dates.
 4. List of all products produced by vendor on leased property.
 5. Explanation of time spent by vendor on leased property, processes/work completed by vendor.

Property 1

Property Owner Name: _____

Address: _____ City: _____ State: ___ Zip code: _____

What months of the year is this property used? _____

Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site attach additional information)

| | Square Footage | Heat Source (if any) | Purpose/Use |
|---|----------------|----------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Production on this property (check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants Cut Flowers
- Meat/Poultry+ Eggs Dairy Products Value-Added Food Prepared Food
- Grains/Legumes Artisan products Other (be specific) _____

Property Use (check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
- Artist/Craftsman Workshop Storage Other (be specific) _____

Storage explain product storage methods at this property (refrigeration, dry storage, freezers, etc.)

Property 2: Property Owner Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____
 What months of the year is this property used? _____
 Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site, attach additional information)

| | Square Footage | Heat Source (if any) | Purpose/Use |
|---|----------------|----------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Production on this property (check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants Cut Flowers
 Meat/Poultry+ Eggs Dairy Products Value-Added Food Prepared Food
 Grains/Legumes Artisan products Other (Be Specific) _____

Property Use (Check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
 Artist/Craftsman Workshop Storage Other (please specify) _____

Storage Please explain product storage methods on this property (refrigeration, dry storage, other cold storage, etc.): _____

Property 3: Property Owner Name: _____
 Address: _____ City: _____ State: _____ Zip code: _____
 What months of the year is this property used? _____
 Total Acres Farmed: _____ Total Kitchen/Workshop Square Footage: _____

Greenhouse Information (If there are more than 3 greenhouses on this site attach additional information)

| | Square Footage | Heat Source (if any) | Purpose/Use |
|---|----------------|----------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Production on this property (check all that apply):

- Vegetables Fruit Nursery Stock Decorative Plants Cut Flowers
 Meat/Poultry+ Eggs Dairy Products Value-Added Food Prepared Food
 Grains/Legumes Artisan products Other (Be Specific) _____

Property Use (check all that apply):

- Pasture Greenhouse Food Preparation Packaging Cooking/Baking
 Artist/Craftsman Workshop Storage Other (please specify) _____

Storage explain product storage methods on this property (refrigeration, dry storage, freezers, etc.): _____

Product List: Provide the number of varieties, the expected months of availability, and estimated yield for each product you sell. **On a separate piece of paper list all varieties for any items with an asterisk (*) and any items for which you grow 5+ varieties.** If you sell products not listed here, please include a product list with this application. **Any products NOT submitted in writing with this application are not allowed to be sold without prior approval of the market manager and submission of an application update form.**

| Varo | # of varieties | Estimated Months Available | Estimated Yield |
|--------------------------|----------------|----------------------------|-----------------|
| Nursery Stock* | | | |
| Annuals* | | | |
| Bulbs* | | | |
| Ferns* | | | |
| Hanging Baskets* | | | |
| Hostas* | | | |
| Houseplants* | | | |
| Michigan Natives* | | | |
| Perennials* | | | |
| Potted Herbs* | | | |
| Succulents* | | | |
| Tree Starts* | | | |
| Vegetable Starts* | | | |
| | | | |
| | | | |
| Decorative Plants | | | |
| Bittersweet | | | |
| Cut Flowers* | | | |
| Evergreens | | | |
| Ornamental Eggplant | | | |
| Ornamental Peppers | | | |
| Pussy Willow | | | |
| Winter berry | | | |
| Wreaths* | | | |
| | | | |
| Dairy/Eggs/Other | | | |
| Cheese* | | | |
| Chicken Eggs | | | |
| Duck Eggs | | | |
| Goose Eggs | | | |
| Grains* | | | |
| Honey | | | |
| Mushrooms* | | | |
| Nuts* | | | |
| Quail Eggs | | | |

| | # of varieties | Estimated Months Available | Estimated Yield |
|------------------------|----------------|----------------------------|-----------------|
| Fruit | | | |
| Blackberries* | | | |
| Blueberries* | | | |
| Cranberries* | | | |
| Elderberries | | | |
| Gooseberries | | | |
| Grapes* | | | |
| Melons* | | | |
| Raspberries* | | | |
| Strawberries* | | | |
| Watermelons | | | |
| | | | |
| | | | |
| | | | |
| Tree Fruit* | | | |
| Apples* | | | |
| Apricots* | | | |
| Asian Pears* | | | |
| Cherries* | | | |
| Figs* | | | |
| Mulberries | | | |
| Nectarines* | | | |
| Pawpaws* | | | |
| Peaches* | | | |
| Pears* | | | |
| Persimmons | | | |
| Plums* | | | |
| Quinces* | | | |
| Saskatoon/Serviceberry | | | |
| | | | |
| | | | |
| | | | |

Prepared Food & Value-Added Food Products: Attach a complete product list, including a list of ingredients for each product. Please identify which ingredients are locally produced in each product.

My food products are created in:

- A licensed kitchen
- My kitchen, in compliance with Michigan Cottage Food Laws
- Both in a licensed kitchen and in my home kitchen under Cottage Food Laws (if you check this box, please indicate which type of kitchen is used for each product)

What percentage of your food products are made with locally produced ingredients?

- 0% 1-25% 26-50% 51-75% 76-100%

Artisan Product Classification: Include a complete product list, including a list of materials used to make each product and sample photos of the finished work :

- Jewelry Textiles Woodwork Metalwork Candles Soap & Body Care Products
 Clothing Painting Glass Ceramics Photography Other _____

Vendor's Affidavit

- I/We _____ certify that I/ We am/are a Producer (s) or Artisan (s) 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 or raising 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): _____