

**City of Ann Arbor Farmers Market**  
 2024 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
- \_\_\_\_ Copies of relevant licenses, certifications, and inspections are attached & up-to-date

***This application is valid only for mobile food vendors operating with Special Transitory Food Unit (STFU) or food service licenses. Mobile food vendors receive Daily Mobile Food Vendor status under the market’s Public Market Operating Rules. Mobile food vendors do NOT receive Daily or Annual Vendor status. Upon acceptance, this application will 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 event on which the updates take effect.*

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**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**  
 2024 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?

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**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): \_\_\_\_\_  
 \_\_\_\_\_