

# The Corner Farmers' Market Vendor Application

Downtown Coldwater, Michigan

June 23 - September 8, 2018



Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Website: \_\_\_\_\_

Please check which best defines the product(s) you wish to sell (see full description in rules):

Farmer/Grower

Retailer

Food Truck

Baked Goods

Producer

Artisan/Hand Made

Products you wish to sell: (Please list everything you are interested in selling)

\_\_\_\_\_  
\_\_\_\_\_

Do you accept EBT?  yes  no

Do you accept Project Fresh Vouchers?  yes  no

**\*All licenses required by the USDA, MDA & Health Dept. must accompany the vendor application.**

Do you need electric hook-up? Yes / No Will you be using a canopy? Yes / No

Seasonal/Reserved Vendor (12wks) - \$100  Occasional \$10/day

For Occasional Vendors, please list the dates you're planning to attend:

\_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Payment Type:  Check  Cash  Credit Card

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3-digits \_\_\_\_\_

*Please make checks payable to the CHAMBER OF COMMERCE - Booth fees are non-refundable.*

I, \_\_\_\_\_ have read and fully understand the Corner Farmers' Market Policy. I hereby agree to comply with these rules and all Federal, State and local regulations that apply and agree to forfeit my rights to sell at The Corner Farmers' Market if I am found to be in non-compliance.

I further agree to indemnify and hold harmless The Corner Farmers' Market, the City of Coldwater, the Coldwater Chamber of Commerce and all volunteers of the market from any claims, causes of action, liability, and other costs resulting from any damage to personal property, or for accidents or injuries sustained by myself or my representatives while using The Corner Farmers' Market.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Rev. 03/2017

Send or E-Mail this application to:  
34 E Chicago St, Coldwater, MI 49036, info@coldwaterchamber (517) 278-5985