



MICHIGAN
Farmers Market Application

Contact Information:

Name of Farm/Business: _____
Primary Contact Name: _____ Telephone _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Telephone: _____ FAX: _____ Cell: _____
Email Address: _____ Website Address: _____
Alternate Contact Name: _____ Telephone _____
Emergency Contact Name: _____ Telephone _____

Property Information (location of Market):

Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Owner/Manager Signature: _____

Please list ALL individuals who will be your onsite manager (Market Master (Include yourself)):

Name _____ Cell Phone _____
Name _____ Cell Phone _____
Name _____ Cell Phone _____

Product Category (Check all that apply):

____ Fruits ____ Vegetables ____ Dairy/Eggs ____ Plants ____ Flowers
____ Nursery Stock ____ Baked Goods ____ Cut Flowers
____ Jams/Jelly/Honey/Syrup/Sauces ____ Meat/Seafood/Poultry ____ Other

Which Days of the week do you want to sell? (Add markets): (Please circle below)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Farmer Market Rules:

1. The Market Master shall have the authority to interpret and enforce the Market Rules which they designate and set forth.
2. A Farmers Market permit is not permanent, not guaranteed and must be obtained at City Hall 12 N Charles Street, White Cloud, Mi. 49349.

Form must be signed and completed

Signature of Farmer/permit holder

Name (Please Print)

Approved By: _____ Date: _____