



## 2010 Vendor Application Form

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all products you will be selling at the market: \_\_\_\_\_

Please list all actively participating members in the business attending the market on a regular basis:

List certifying agency and certificate number in each box applicable to any products you will be selling. Attach copies of all licenses claimed (required) and most recent inspection results. Nonprofit groups must provide evidence of 501(c)(3) status.

	Produce	Flowers/Plants/ Trees	Processed / Baked Goods	Meat/Eggs/ Poultry	Artisans
<b>Business License</b>					
<b>Organic Certification (if applicable)</b>					
<b>Sales Tax License</b>					
<b>Nursery Stock or Growers License</b>					
<b>Food Establishment License</b>					
<b>Inspections:</b> -- Date of most recent inspection -- Inspector name -- Marked as "approved" or "conditional"					

By signing below, I certify that I have read, understand and will adhere to all applicable guidelines as stated in the Operating Guidelines. I further understand that, should I fail to comply with these specific guidelines, my participation in the Chelsea Farmers Market could be terminated.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Chelsea Farmers Market, P.O. Box 332, Chelsea, MI 48118 (734) 475-1145

For Market Use Only:

Nonprofit \_\_\_\_\_ Approved: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Cash  
 For profit \_\_\_\_\_ Not approved: \_\_\_\_\_ When Exhibiting: \_\_\_\_\_  
 Business \_\_\_\_\_ (\_\_\_\_\_ display only \_\_\_\_\_ product sales)