



# City of Ann Arbor Farmers Market

## 2011 Wednesday Evening Pilot Market Vendor Application

Business Name \_\_\_\_\_  
 Person's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Web site \_\_\_\_\_

**Market Products (check all that apply):**

- |                                     |                |                |
|-------------------------------------|----------------|----------------|
| Produce (fruits, vegetables)        | Baked goods    | Meat           |
| Value-added foods (jam, jelly, etc) | Dairy products | Cut flowers    |
| Nursery Stock                       | Other Plants   | Prepared Foods |
| Other (please specify) _____        |                |                |

### Mission Statement

**The Wednesday Evening Pilot Market is dedicated to supporting small-scale growers and producers through the creation of a vibrant marketplace that is welcoming to all members of our community. How does your business support this mission?** \_\_\_\_\_

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

**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 _____ |
| Other (specify)           | Total years of operation _____ |

If you are a business or cooperative, please list names and addresses of other persons involved and attach copies of the partnership, incorporation, organization, cooperative, or assumed name papers filed with the state or county. Also, provide the most recent annual filing for the business or cooperative (if any).

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any others who actively participate with vendor at market (employees, etc).

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other markets (if any) where you are a vendor:

\_\_\_\_\_

## Resale

**The Ann Arbor Farmers Market is a producers' only market, and resale is prohibited.** If you resell (broker) any product(s) at other farmers' markets, describe below how you will ensure that resale items will not be sold at the Ann Arbor Farmers Market.

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**Farm Information (if applicable). List all addresses where items are grown or produced.**

**Property 1:**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Total # of acres used to produce products: \_\_\_\_\_ Rent or own (*circle applicable answer*)  
Total # of greenhouses \_\_\_\_ What months of the year is this property used? \_\_\_\_\_

**Property 2:**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Total # of acres used to produce products: \_\_\_\_\_ Rent or own (*circle applicable answer*)  
Total # of greenhouses \_\_\_\_ What months of the year is this property used? \_\_\_\_\_

**Property 3**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Total # of acres used to produce products: \_\_\_\_\_ Rent or own (*circle applicable answer*)  
Total # of greenhouses \_\_\_\_ What months of the year is this property used? \_\_\_\_\_

**Property 4**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Total # of acres used to produce products: \_\_\_\_\_ Rent or own (*circle applicable answer*)  
Total # of greenhouses \_\_\_\_ What months of the year is this property used? \_\_\_\_\_

Total Acres Farmed (for all parcels of land): \_\_\_\_\_

Acres in Production (for all parcels of land):

Vegetables \_\_\_\_ Fruit \_\_\_\_ Nursery \_\_\_\_ Pasture \_\_\_\_ Greenhouse \_\_\_\_ Herd Size \_\_\_\_

**New for 2011: If you lease any of the above properties, approved lease verification papers are required (see Lease Verification)**

**Draw a farm (or farms) diagram below.**

**Product List**

Describe the number of varieties and expected months of availability of each product you sell. You may attach additional sheets if necessary; this list is not comprehensive. If you are selling **nursery stock**, **bulbs**, or **cut flowers**, please attach a complete list of the items you intend to sell.

	# of varieties	Month(s) Available	Estimated Yield
<b>Product</b>			
<b>Nursery Stock</b>			
Annuals			
Bulbs			
Ferns			
Hanging Baskets			
Houseplants			
Michigan Natives			
Perennials			
Succulents			
Tomato Plants			
Tree Starts			
Vegetable Starts			
<b>Fruit</b>			
Apples			
Apricots			
Asian Pears			
Blackberries			
Blueberries			
Cherries			
Cranberries			
Figs			
Gooseberries			
Grapes			
Melons			
Nectarines			
Pawpaws			
Peaches			
Pears			
Plums			
Quinces			
Raspberries			
Strawberries			
Watermelon			

	# of varieties	Month(s) Available	Estimated Yield
<b>Product</b>			
<b>Vegetables</b>			
Artichokes			
Arugula			
Asian Greens			
Beans, green			
Beans, dry			
Beets			
Bok Choy			
Broccoli			
Broccoli Rabe			
Brussels Sprouts			
Cabbage			
Carrots			
Cauliflower			
Celery			
Chard			
Collards			
Corn			
Cucumbers			
Daikon			
Eggplant			
Endive			
Escarole			
Fennel			
Garlic			
Kale			
Kohlrabi			
Leeks			
Lettuces			
Mustard Greens			
Onions			
Parsnips			
Peas			
Peppers (hot)			
Peppers (sweet)			
Potatoes			

Product	# of varieties	Month(s) Available	Estimated Yield
Nursery Stock			
Radicchio			
Radishes			
Rhubarb			
Romanesco			
Rutabaga			
Salad Mix			
Shallots			
Spinach			
Squash (winter)			
Squash (summer)			
Tomatillos			
Tomatoes			
Tomatoes (heirloom)			
Tomatoes (paste)			
Turnips			
Zucchini			

<b>Herbs</b>			
Basil			
Cilantro			
Oregano			
Parsley			
Sage			
Thyme			
<b>Meat/Poultry</b>			
Beef			
Chicken			
Duck			
Lamb			
Pork			
Rabbit			
Turkey			
<b>Other</b>			
Cheese			
Eggs			
Honey			
Mushrooms			
Nuts			



## Market Participation

**Please indicate the days you are planning to attend the Wednesday Evening Pilot Market. If you are unable to attend a date you checked off, you are required to notify the Market Manager at least 48 hours in advance of the market, or a cancellation fee for each stall equal to the daily stall fee will be charged. Vendors can have up to 3 stalls on any given market day.**

	# stalls		# stalls		#stalls		# stalls		# stalls
6/1/11		6/8/11		6/15/11		6/22/11		6/29/11	
7/6/11		7/13/11		7/20/11		7/27/11			
8/3/11		8/10/11		8/17/11		8/24/11		8/31/11	
9/7/11		9/14/11		9/21/11		9/28/11			

*Please note that attendance at the Wednesday Evening Pilot Market does not earn a vendor Seniority at the existing Wednesday and Saturday Markets.*

### Vendor's Affidavit

- I/We \_\_\_\_\_ certify that I/ We am/are a Producer (s) or a Food Cart Vendor(s) as defined in the Wednesday Evening Pilot 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 agree that verification of this may be sought by the City of Ann Arbor in accordance with the Wednesday Evening Public market Operating Rules.
- I/We understand that I/we am/are entitled to sell or offer for sale only such items that have been described on this Vendor Application filed with the Market Manager.
- I/We understand that my/our Vendor Application must be updated and approved 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 acknowledge receipt of a copy of the Wednesday Evening Pilot 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 Vendor 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 Wednesday Evening Pilot 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):

\_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

My commission expires: \_\_\_\_\_

This application is valid for three years. Thank you for your interest in the Ann Arbor Wednesday Evening Pilot Market.

**FOR INTERNAL USE ONLY**

Date Application Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Signed: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

DRAFT

## VENDOR CONTACT INFORMATION FOR THE PUBLIC

Market customers, vendor organizations and other persons or entities ask for contact information for a vendor or all vendors. Please provide the contact information that the City can provide in response to such requests. Several categories are listed. You do not need to provide contact information on every line, but at least one address should be provided. ***All of the information on this form will be publicly available to anyone who asks for it. Do not include any information that you do not want given to customers, vendor organizations, or others who may ask for your contact information. This information may be collected and used by the Ann Arbor Farmers Market for promotional purposes for your business.***

**Vendor Name:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### Addresses (list one or more):

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business location (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Telephone numbers:

Business: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Home: \_\_\_\_\_

**Email address:** \_\_\_\_\_

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



**LEASE VERIFICATION**

The Ann Arbor Farmers Market allows vendors to lease land and sell the products from that land at the Markets. A vendor is required to have significant risk and financial investment in the leased land and its operation, as well as active participation in the production of the product. All leases must be approved annually by the Market Manager. Products from rejected leases may not be sold at the Ann Arbor Farmers Market. Attach a completed copy of this Lease Verification along with a copy of the lease to your membership application for each leased parcel of land.

**Member Farm Name**

**Your name** \_\_\_\_\_  
**Phone contact #** \_\_\_\_\_  
**Landowner (Lessor) Contact Info:**  
**(Name)** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Email** \_\_\_\_\_

1. Describe your arrangement, the work done by all parties, payment process, etc.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Member (Lessee) signature \_\_\_\_\_ date \_\_\_\_\_  
Landowner (Lessor) signature \_\_\_\_\_ date \_\_\_\_\_