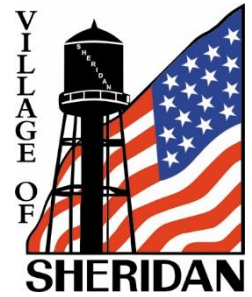


# SHERIDAN FARMERS MARKET VENDOR APPLICATION 2022



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

Owners Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Business Website or Facebook page \_\_\_\_\_

Type of Vendor -

**Produce**

- Homegrown
- Resale
- Both

**Food Items**

- Cottage Food
- Pet Food
- Other (Specify) \_\_\_\_\_

**Artisan**

- Crafts
- Sewing
- Other (Specify) \_\_\_\_\_

I understand and agree to abide by all rules in the vendor guidelines for the Sheridan Farmers Market.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail application to Sheridan Farmers Market, P.O. Box 179, Sheridan MI 48884  
or email to sheridanvillage21@gmail.com