



Alpena Farmers Market Vendor Application

Today's Date: _____

New Vendor _____ Returning Vendor _____

Vendor/Entity Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Business License Number(If applicable) _____

Website: _____

Facebook: _____

Twitter: _____

Instagram _____

Type of Entity:

Individual Family LLC Sole Proprietorship Corporation Partnership Cooperative

Nonprofit Community Group Other

County Farm/Business is located (Please Circle)

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Primary Contact Information

Name: _____ Email: _____

Phone: _____

Do you receive texts at this number? Yes No

May we share your contact information with customers? Yes No

List worker's name(s) who will attend regularly:

Days And Seasons You Will Be Attending (please circle all that apply)

Wednesday market

Saturday market

Summer season(May-Oct)

Winter season(Oct-Ma

Market Rates

\$30 Alpena Farmers Market Annual Membership Fee
\$10-\$20 Daily Fee (depending on stall size and season)
\$10 Friends Of the Alpena Farmers Market Membership(optional)

Liability Insurance

All vendors are required to have their own liability insurance and the Alpena Farmers' Market does not provide this to them.

Vendor Product Guidelines

Vendors must comply with all local, state and federal regulations related to the production and selling of their product(s). Please provide copies of any necessary and applicable: licenses / certifications / permits, recent inspection results and nonprofit groups please attach evidence of 501(c)(3) status.

Product Category (please check all that apply)

Fruit Vegetables Honey Meat Eggs Flowers

Baked Goods Dairy Jams/Jelly Maple Syrup Nursery Stock

Annuals Perennials Herbs Crafts

We offer delivery services

We offer pickup at our business

Cottage Foods Vendor

Use Licensed Kitchen

Have a Food Establishment License(Please attach license)

Organic Certification (please attach organic certification)

Our Meat is processed at a USDA Facility

Craft Vendor that creates all their own products

501c3 non profit (EIN/Federal ID Number _____)

Non Profit Organization

Local School Team/Organization

We have attached all applicable licenses

Agreements

Please initial and sign below. Your signature indicates that you have read, understand and agree to the programs/agreements below. It is mediatory that all vendors participate in SNAP/EBT/Double Up Food Bucks, WIC, Project Fresh, and credit card tokens.

_____ Photography and Publishing Consent: The undersigned allows photographs to be taken of individuals and the market stall by staff/volunteers of the Alpena Farmers' Market and understands these photos may be published for print or internet advertising.

_____ Hold Harmless/Signature/Waiver of liability: The undersigned does hereby release from all liability and agree to hold harmless the Alpena Farmers' Market and the market's Core Team for any injury or damage suffered or incurred by the undersigned or by employees, volunteers, or representatives of the undersigned in their activities upon the premises of The Alpena Farmers' Market including but not limited to, any costs, including attorneys' fees, incurred by The Alpena Farmers' Market in defense thereof.

_____ SNAP/EBT/Double Up Bucks: The undersigned will participate and adhere to guidelines regarding the SNAP/EBT program that apply to my organization

_____ WIC and Senior Project Fresh: The undersigned will participation in WIC and Senior Project and adhere to the guidelines regarding the WIC and Senior Project Fresh programs that apply to my organization

_____ Credit Cards: The undersigned will accept credit card tokens as payments and adhere to Guidelines regarding the use of credit card tokens.

Check Reimbursement Information: (for payments related to SNAP/EBT/Double Up Bucks and Credit Card Acceptance) Make Checks Payable To: _____

_____ Alpena Farmers' Market Rules and Bylaws: By signing below, I certify that I have read, understand and will adhere to all applicable rules and bylaws as stated in the current Alpena Farmers' Market Rules and Bylaws. I further understand that, should I or my organization or members fail to comply with these specific Guidelines, my participation in the Alpena Farmers' Market could be terminated.

Vendor Signature _____ Date: _____

Print Name: _____

Return the signed and completed application to the onsite market manager or mail to the address below.

Alpena Farmers' Market
PO Box 123
Alpena MI 49707

Contact J.B. Cook for questions 989-255-9372

Alpena Farmers' Market, Inc

Indemnity Agreement

FOR VALUE RECEIVED, the undersigned jointly and severally agree to indemnify and hold harmless Alpena Farmers' Market, Inc ("Indemnitees") and their successors and assigns, directors, agents, representatives and underwriters from any claim, liability, loss, damage or suit.

In the event of any asserted claim, the Indemnitees shall provide the undersigned timely written notice of same, and thereafter the undersigned shall at its expense defend protect and hold harmless Indemnitees against said claim or any loss or liability thereunder.

In the further event the undersigned shall fail to so defend and/or indemnify and save harmless, then in such instance the Indemnitees shall have full rights to defend, pay or settle said claim on their behalf without notice to the undersigned and with full rights to recourse against the undersigned for all fees, costs, expenses and payments made or agreed to be paid to discharge said claim.

Upon default, the undersigned further agree to pay all reasonable attorneys' fees necessary to enforce this agreement.

This agreement shall be unlimited as to the amount or duration.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, directors, agents, assigns and personal representatives.

Vendor Signature _____ Date: _____

Alpena Farmers' Market, Inc.