

CLARKSTON AREA FARMERS MARKET (CAFM)

2020 APPLICATION FORM

This form records all relevant contact data, merchandise type and frequency of participation in the market. In order to be considered as a vendor, applicants must read and sign agreeing to the “Policies of the Market” document.

IF EMAILED TO YOU, THIS FORM REQUIRES DOWNLOADING & PRINTING, COMPLETION AND RETURN BY REGULAR MAIL TOGETHER WITH PAYMENT IF APPLICABLE. APPLICATIONS MUST BE RECEIVED BY May 29, 2020

NAME OF APPLICANT:

BUSINESS NAME:

POSTAL ADDRESS:

STREET OR BOX NO.:

.....
CITY:.....

ZIP CODE:.....

PHONE NUMBER(S): Day, Cell and Emergency contact

Day:

Cell:

Emergency:

EMAIL:

MICHIGAN STATE RETAIL TAX NO.: (if applicable)

TYPE OF PRODUCTS OFFERRED: (circle all that apply)

MICHIGAN GROWN PRODUCE conventional _____

organic _____

MICHIGAN PROCESSED FOODS/PACKAGED GOODS

MICHIGAN MEAT/DAIRY/EGGS/HONEY/SYRUP

MICHIGAN RAISED NURSERY & PLANTS

MICHIGAN PRODUCED NON-FOOD (SPECIFY):

.....

MICHIGAN SOURCED OTHER:

(SPECIFY):.....

THE MARKET WILL RUN EVERY SATURDAY FROM JUNE 13th to OCTOBER 10th, 2020 FOR A TOTAL OF 17 WEEKS). THE FOLLOWING LEVELS OF PARTICIPATION ARE AVAILABLE: (check selected participation)

Note- If selecting prepay option you may either pay in full or pay 50% with application and the balance due by the 20th of June, 2020.

1) PREPAY

PREPAY-FULL SEASON RATE (attend every Saturday) 17 WEEKS AT \$20/DAY = \$340 ONE (1) SPACE	
= \$660 FOR TWO (2) SPACES	
= \$1000 FOR THREE (3) SPACES	

PREPAY-PARTIAL SEASON (must choose 10 Saturdays for \$20 rate)	
How many spaces? _____	
Number space(s) x \$20 = \$ _____ TOTAL PREPAY COST	

2) WEEKLY VENDORS PAYS \$28 ON DAY ATTEND MARKET (\$50 REFUNDABLE DEPOSIT REQUIRED WITH APPLICATION)

Circle how many spaces needed: 1 2 3

NOTE-If you notify Market Manager after 5 p.m. Friday you are not able to attend Saturday it is a No Show and you will be required to pay \$20 for your space.

WHATEVER OPTIONS YOU CHOOSE, PLEASE CIRCLE THE MARKET DAYS THAT YOU WILL BE ATTENDING SO WE CAN PLAN THE MARKET LAYOUT EACH WEEK-

JUNE	13	20	27			FULL SEASON CHECK HERE
JULY	NO	11	18	25		_____
AUGUST	1	8	15	22	29	
SEPTEMBER	5	12	19	26		
OCTOBER	3	10				

PAYMENT OPTIONS:

CHECK or Money Order made out to Clarkston Area Farmers Market:	
FULL PAYMENT	50% PAYMENT

(Balance due by the 20th June, 2020)

APPLICANT SIGNATURE AND DATE
Signature is indicative of your agreement to abide by the policies of the CAFM Rules and Regulations

Mail application and prepaid funds if applicable to:
CLARKSTON AREA FARMERS MARKET
P.O. BOX 1053, Clarkston, Michigan 49347
Questions: 248-505-6848 or clarkstonareafarmersmarket@gmail.com
FOR MARKET ADMINISTRATION USE ONLY

ACCEPTED.....MONEY RECEIVED:.....50%/Full

MARKET BOARD MEMBER.....

DATED.....

Return notification mailed/mailed to vendor date.....

CAFM NON-GROWER RECORD FORM

To be completed by all vendors who do not offer fresh grown produce

BUSINESS OR VENDOR NAME

PRODUCTS OFFERED

SIGNATURE OF APPLICANT AND DATE

GROWER METHODS RECORD FORM

BUSINESS OR GROWERS NAME:

This form is to document the grower's method of farming and produce type

1) AGRICULTURE METHODS

ORGANICALLY CERTIFIED	
ORGANIC PRACTICES BUT NOT CERTIFIED	
PERMACULTURE PRACTITIONER	
BIODYNAMIC GROWER	
CONVENTIONAL	
OTHER (SPECIFY)	

2) GROWING METHODS

CONVENTIONAL	
HOT HOUS EOR HOOP SYSTEM	
HYDROPONIC	
OTHER (SPECIFY)	

3) SEED USED

ORGANIC CERTIFIED	
HERITAGE/HEIRLOOM	
HYBRID	
GMO	

4) PRODUCE DESCRIPTION

All from my Michigan farm	
Mostly (75%+) from my Michigan farm and some from other MI farms	
Both from my Michigan farm and from other Michigan farms	
Some from my Michigan farm but mostly from other Michigan farms	
All from other Michigan farms	

APPLICANTS SIGNATURE AND DATE

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