



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 10th to OCTOBER 14th, 2017 FOR A TOTAL OF 19 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 24th of June, 2017.

**1) PREPAY**

<b>PREPAY-FULL SEASON RATE</b> (attend every Saturday) 19 WEEKS AT \$20/DAY= \$380 ONE (1) SPACE	
= \$741 FOR TWO (2) SPACES	
= \$1083 FOR THREE (3) SPACES	

<b>PREPAY-PARTIAL SEASON (must choose 10 Saturdays for \$20 rate)</b>	
b) How many spaces? _____	
Multiply a) and b) _____ x \$20 = \$ _____ TOTAL	
PREPAY COST	

**2) PAY ON DAY OF ATTENDANCE:  
(THERE IS A \$50 REFUNDABLE DEPOSIT FOR WEEKLY VENDORS)**

Week to week vendors, there is \$25 daily fee payable on day attending the market.

Circle number of booth spaces you will need:                      1                      2                      3

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

JUNE	8	15	22	29		FULL SEASON CHECK HERE
JULY	6	13	20	27		
AUGUST	3	10	17	24	31	_____
SEPTEMBER	7	14	21	28		
OCTOBER	5	12				

**PAYMENT OPTIONS:**

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

(Balance due by the 22nd of June, 2019)

<p><b>APPLICANT SIGNATURE AND DATE</b> Signature is indicative of your agreement to abide by the policies of the CAFM Rules and Regulations</p>
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Mail application and prepaid funds if applicable to:  
CLARKSTON AREA FARMERS MARKET  
P.O. BOX 1053

CLARKSTON MI 48347

QUESTIONS: 248-505-6848 OR [clarkstonareafarmersmarket@gmail.com](mailto:clarkstonareafarmersmarket@gmail.com)

FOR MARKET ADMINISTRATION USE ONLY

ACCEPTED .....MONEY RECEIVED: \$..... 50%/  
FULL

MARKET BOARD MEMBER:.....DATED:  
.....

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

Notes:

# 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

# CAFM GROWER METHODS RECORD FORM

BUSINESS OR GROWERS NAME:
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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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