

MICHIGAN STATE RETAIL TAX NO.: (if applicable)

TYPE OF PRODUCTS OFFERED: (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 14th to OCTOBER 11th, 2025 FOR A TOTAL OF 18 WEEKS).

THE FOLLOWING LEVELS OF PARTICIPATION ARE AVAILABLE (check selected participation)

Note- If selecting prepay option for Full Season/Partial Season, you may either pay in full or pay 50% with application and the balance due by the 21ST of June, 2025.

1) PREPAY FULL/PARTIAL SEASON

PREPAY FULL SEASON RATE: You will be attending the market every Saturday for 18 weeks at \$20 a day

= \$360 for one(1) space _____

=\$702 for two (2) spaces _____

=\$1044 for three(3) spaces _____

PRE-PAY PARTIAL SEASON (must choose 10 Saturdays for \$20 rate)

Circle how many spaces you will need: 1 2 3 _____

2) 5 SATURDAYS OPTION: Pay \$125 for 5 Saturdays when sending in your application.

(Note- You are allowed only 1 cancellation/change, after that you will pay \$25 for changing your space from your original dates).

Circle how many spaces you will need: 1 2 3 _____

3) PAY ON DAY OF ATTENDANCE

<p>(There is a \$50 refundable deposit for weekly vendors)</p> <p>\$30.00 DAILY/SPACE RENT PAYABLE ON THAT DAY</p> <p>CIRCLE NUMBER OF BOOTH SPACES YOU WILL NEED:</p> <p>1 2 3</p>	
---	--

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

JUNE	14	21	28				FULL SEASON CHECK HERE
JULY	5	12	19	26			
AUGUST	2	9	16	23	30	_____	
SEPTEMBER	6	13	20	27			
OCTOBER	4	11					

PAYMENT OPTIONS:

CHECK or Money Order made out to Clarkston Area Farmers Market with your application and mail to address below.

FULL PAYMENT

50% PAYMENT

(Balance due by the 21ST OF JUNE 2025)

APPLICANT SIGNATURE AND DATE

Signature is indicative of your agreement to abide by the policies of the CAFM Rules and Regulations

**CLARKSTON AREA FARMERS MARKET P.O. BOX 1053
CLARKSTON, MI 48346
QUESTIONS: 248-505-6848
clarkstonareafarmersmarket@gmail.com**

FOR MARKET ADMINISTRATION USE ONLY

**ACCEPTEDMONEY 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:

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 HOUSE OR HOOP SYSTEM	
HYDROPONIC	
OTHER (SPECIFY)	

APPLICANTS SIGNATURE AND DATE

--