



28 First Street, Suite B  
 Mount Clemens MI 48043  
 phone: (586) 493-7600  
 fax: (586) 493-7602

# 2021 Farmers Market Application for a Daily Stall

**DAILY-** Rates are \$10 for Wednesday or Friday and \$25 for Saturday per stall. There is no assigned stall – “daily” stalls will be moved to any stall available.

First time applicants must pay a \$5 application fee before application will be reviewed.

**Submission of application does not guarantee a stall. Upon review of application and approval by the Board of Directors and/or Market Master, daily vendors will be notified of approval.**

See the Market Master on morning of rental to receive stall assignment.

**Note: COMPLETED 2-PAGE APPLICATION MUST BE RETURNED BEFORE YOU CAN BE CONSIDERED FOR A DAILY STALL. PROOF OF GENERAL LIABILITY INSURANCE & APPLICABLE LICENSES MUST ACCOMPANY APPLICATION. PLEASE MAKE CHECKS**

PAYABLE TO:  
 MOUNT CLEMENS FARMERS MARKET

(A \$30 PROCESSING FEE WILL BE ADDED TO ANY RETURNED CHECKS.)

1. **NAME:** \_\_\_\_\_

**FARM/BUSINESS NAME** (if any): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZipCode** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

2. List other staff who actively participate in the business and attend the Market on a regular basis. (Family members who rent their own stalls should not be listed)

NAME	RELATIONSHIP	ADDRESS
.....	.....	.....
.....	.....	.....
.....	.....	.....

3. On an additional page, list all produce, farm and garden, or other products you intend to sell and when you intend to sell them. (early season, mid season, late season or the entire season)

4. Please list any “cottage law products” you intend to sell. (Per policies, subject to approval)

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5. List all locations of production where the above items are grown or produced.

ADDRESS CITY STATE # of ACRES OWNED or RENTED

.....  
.....

6. List the owners of any rental property used to produce your products.

NAME..... PHONE .....

ADDRESS ..... CITY ..... COUNTY .....

(list additional names/addresses on additional page)

7. If you have greenhouse products, list the number of greenhouses and their locations

ADDRESS ..... CITY .....

COUNTY ..... NUMBER .....

(list additional names/addresses on additional page)

8. List the names and addresses of all other outlets for your products

.....  
.....

9. Give the name, address and phone no. of two persons for reference who can identify your products and/or land

NAME ADDRESS CITY ZIP PHONE NO.

1. ....

2. ....

10. Applications will be accepted from new and previous daily vendors. Previous daily vendors may provide receipts from the MCFM for proof of prior participation.

11. Open stalls are filled daily on a first-come, first-served basis, of approved daily applicants

12. Per Market policies: No one may create a fence or any sight obstruction to their neighbor's stall by placement of tables, crates or bushels and tents must fit inside stall boundaries. No hawking or calling out is permitted.

13. I am submitting proof of general liability insurance and all applicable licenses with my application.

14. My submission of an application does not guarantee a stall. Upon review of application and approval by the Board of Directors and/or Market Master, I will be notified of approval.

In signing this application, I acknowledge receipt and agree to abide by the Mount Clemens Farmers Market Policies set forth by its Board of Directors.

SIGNATURE ..... DATE .....