



2019 Market Off Broad Application

Vendor/Business Name

Email Address

Contact Person

Street Address

Phone Number

City, State, Zip

Check Vendor Type:

_____ **Seasonal Vendor July 27th - October 5th** (\$50 For 2019 Season)

_____ **Daily Vendor Date Attending** _____ (\$5 For 2019 Season)

The Farmers Market is open from 9:00 until 1:00.

Set up begins at 8:00 a.m. and tear down should be finished by 2:00 p.m.

PRODUCE AND PRODUCTS REQUESTED FOR SALE AT MARKET

Please list all of the items you are considering selling. Check whether the items are homegrown or handmade by you, or whether the items are resale items made by someone other than you. List all types of fruits, vegetables, flowers, nursery stock, prepared foods, baked goods, handmade products, arts, crafts, et cetera that you intend to sell. Products not grown or made by you **must be approved** for sale by the market manager. Artisans and crafters should hand-make, locally produce, or design 100% of their products. Resale items are defined as items not grown or produced by you the vendor.

Are you a **Certified Organic Farmer**? ___ Yes ___ No

If no, do you practice organic farming methods? If so what are they?
(Example: I use rain water only)

Promotions

Please place a check next to the information you would like the Market Off Broad to list in public media (newspapers, website, facebook, vendor lists, etc)

____ Vendor/Business Name ____ Webpage/Facebook ____ Phone No.
____ Email Address ____ Still Photos/Videos ____ Products

Sign and return this form along with your completed product list, a signed copy of the Market Off Broad Rules and Regulations, and a check made out to **Broad Street Events** for your total amount due. **Please also submit all applicable licenses along with this form.**

Name (Print) Date

Name (Signature)

FOR OFFICIAL USE ONLY		
Approved Yes/No	Booth Number _____	Manager _____

Broad Street Events
PH: (517)-581-0108
broadstreetevents48616@gmail.com
428 N. Clark St.
Chesaning, MI 48616

