



2017 Farmers Market Application
Mondays, June 5-August 28, 3-7:00pm

Name(s):
Business Name:
Address:

Home Phone:
Cell Phone:
E-mail Address:

Website Address:

Emergency Contact Name & Phone Number for Market Day:

Applying as (1) Producer/Grower or (2) Artist:

Fees: \$10 per week payable prior to close of each Monday Market Day. You will be assigned stall location and you will receive a space certificate verifying your location for Monday Market Day.

Product List: Please give us the approximate accounting of those products you intend to sell at the market this season. This information will help us better advertise the market. Please refer to the Grow Benzie Farmers Market Rules & Guidelines regarding product sales. [New in 2016:](#) Vendors are allowed to sell products grown or produced on her/his property within the 5 county area, and resell appropriately labeled produce from the 5 county area upon pre-approval (primary growers will be given preferred selling rights to particular goods while in attendance at market):

Reselling List: Please give us a detailed list of the produce you intend to resell at the market this season:

Market Dates: The Grow Benzie Farmers Market runs from Monday, June 5th through Monday, August 28th, 2017. Please list any dates that you will NOT be in attendance:

5885 Frankfort Highway (M-115), Benzonia, MI, 49616 Phone: 231-882-9510
E-Mail: info@GrowBenzie.org Website: www.GrowBenzie.org

Indemnity Agreement

The information I have given is correct and complete to the best of my knowledge. I agree to abide by all market guidelines and regulations set forth by the Grow Benzie Farmers Market. I understand that my privilege to participate in the Grow Benzie Farmers Market may be revoked at any time for any reason.

I have read and agree to abide by all rules and policies as well as all federal, state and local laws, codes and registrations and to cooperate with the Grow Benzie Market management. I agree to indemnify and hold harmless any officers, directors, employees, representatives and agents, from and against all liability claims, demands, losses, damages, levies and causes of action or suits of any nature, related to my activities at the Grow Benzie Farmers Market.

I understand that this application relates only to the products that I have listed in this application and that any further products will require an amended application for approval. I certify that the products listed in this document are produced in accordance with all county, state and federal laws.

Grow Benzie Festival Farmer's Market Agreement to Accept Food Access Benefits

Vendor Name:

By signing this agreement the vendor agrees to:

1. Have consumer sign any Project FRESH or Market FRESH coupon & verify signature matches signature on coupon booklet cover.
2. Display a sign describing food access benefits are accepted.
3. Display the price of all authorized food items.
4. Be a grower of some of the food items exchanged for Double Up Food Bucks, Project FRESH or Market FRESH Coupons.
5. Provide only Michigan-grown produced in exchange for Double Up Food Bucks, Project FRESH or Market FRESH coupons.
6. Provide eligible food products at the current price or less.
7. Allow clients to purchase eligible items for the full dollar amount specified on the coupons or tokens.
8. Not exchange cash or credit for any food access benefit including allowing the return of eligible food items in exchange for ineligible items, cash or credit.
9. Not collect sales tax on eligible purchases.
10. Not redeem food access benefits for from unauthorized sources.
11. Not redeem food access benefits for ineligible non-food products.
12. Be monitored by the Market Master or state agency for program compliance.

Please place initials on line next to the benefit programs you are eligible for & agree to participate in.

- SNAP Benefits____
- Double Up Food Bucks____
- R/X Fruit & Vegetable Prescriptions____
- Project FRESH____
- Market FRESH/Senior Project FRESH____

Vendor Signature: _____ Date: _____

Grow Benzie Authorization: _____ Date: _____ Paid: _____

Please email or return completed & signed application to:

GROW BENZIE, INC. Attn: Farmers Market, PO Box 132 Beulah, MI 49617-0132

Contact Information:

Josh Stoltz, Executive Director
Phone: 231-640-0200
E-mail: Josh@GrowBenzie.org

Grow Benzie, Inc.
Phone: 231-882-9510
E-mail: Info@GrowBenzie.org

