

# Paw Paw Farmers Market

111 East Michigan Avenue  
PO Box 179  
Paw Paw, MI 49079  
www.pawpaw.net/FarmersMarket



## VENDOR APPLICATION 2017 *(Revised 4-20-17)*

BUSINESS NAME: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME/BUSINESS PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

SOCIAL MEDIA ADDRESSES/TAGS: \_\_\_\_\_

**PLEASE LIST THE NAMES OF FAMILY MEMBERS, PARTNERS,  
EMPLOYEES OR REPRESENTATIVES WHO WILL SELLING AT THE  
MARKET:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

/ USPS MAIL     / E-MAIL     / PHONE     / TEXT MESSAGE

**WHAT PRODUCTS DOES YOUR BUSINESS PLAN TO SELL?**

Please list all the products you intend to sell. Be specific, adding additional sheet if necessary. If you plan to resell produce other than your own, provide the names and contact information for the farms or business where you will be purchasing these products.

PRODUCT(S) \_\_\_\_\_ WHERE GROWN/MADE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDENTIFY THE CATEGORY THAT BEST REPRESENTS WHAT YOUR BUSINESS WILL SELL: Select no more than two.**

- Produce       Meet/Eggs       Dairy       Floriculture
- Baked Goods     Value Added     Cottage Food
- Other \_\_\_\_\_

**PLEASE TELL US MORE ABOUT YOUR BUSINESS. PLEASE PROVIDE A SHORT BIOGRAPHY – ANYTHING THAT YOU WANT THE FARMERS MARKET BOARD AND SHOPPERS TO KNOW ABOUT YOU.**

Please indicate if we may promote this in our social media or printed materials.

- Yes, please use my information Tell the world about our business.
- No thank you. Please do not share the information. We do that ourselves.
- Yes, you may take and use photos of me and my space at the PPFM.

**PLEASE CIRCLE THE DATES FOR WHICH YOU ARE APPLYING TO PARTICIPATE AT THE PAW PAW FARMERS MARKET:**

ALL DATES ARE SUNDAYS. MARKET HOURS 8 AM TO 2 PM; SETUP BY 8:50 AM.

	JUNE 4	JULY 2	AUG 6	SEPT 3	OCT 1
	JUNE 11	JULY 9	AUG 13	NOT OPEN	OCT 8
MAY 21	JUNE 18	JULY 16	AUG 20	SEPT 17	OCT 15
MAY 28	JUNE 25	JULY 23	AUG 27	SEPT 24	OCT 22
		JULY 30			

**COMPLETE EACH LINE ITEM WITH A “YES”, “NO”, OR “N/A” (NOT APPLICABLE TO YOUR FARM OR BUSINESS).**

\_\_\_\_\_ I have read and understand the 2017 Vendor Information Packet covering the PPFM Rules, Policies and Requirements. I understand and agree that I and my trained business employees, agents or representatives will follow and adhere to them, knowing failure to do so may result in forfeiture of my space and fees.

\_\_\_\_\_ I will and have supplied copies of all applicable business and food licenses and certificates with this application.

\_\_\_\_\_ I or my farm/business has signed the **Hold Harmless Statement** (HSS). My original signature is on the HSS attached with this application.

***ALSO***

\_\_\_\_\_ I choose to provide product liability insurance certificate adding the Village of Paw Paw as an ‘additional insured’ party. My policy limit of \$500,000 or more is stated on the certificate. (This applies to vendors selling/offering alcohol at the PPFM.

\_\_\_\_\_ I am willing to complete an evaluation survey at the end of each market day.

**MARKET FEES**

**Market Fees** are detailed in the Vendor Information Package. Market Fees are not due until space has been assigned but must be paid prior to set up.

**PLEASE, DO NOT SEND MARKET FEE WITH YOUR APPLICATION.**

**VENDOR SIGNATURE**

I am authorized by my farm or business to sign this application and commit to the application assurances and the Hold Harmless Statement.

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
SIGNATURE NAME

\_\_\_\_\_  
DATE