



BUY LOCAL! EAT WELL!

Farmer Application

Your Name: _____

Business Name: _____

Reimbursement checks should be made out to: _____

Address: _____ City: _____ Zip: _____

County: _____ E-Mail: _____

Home Phone: _____ FAX: _____

Business Phone: _____ Cell Phone: _____

Which number is best to reach you in case the market is cancelled? _____

Web-site address www. _____

Can we list you on www.allenneighborhoodcenter.org? Yes ___ No ___

If we are unable to accept your participation in this season, would you like to be put on our waiting list so that we may contact you when there is an opening?

Yes ___ No ___

Hours/Attendance

The Allen Street Farmers Market is held on Wednesdays and is located in the parking lot surrounding the Allen Neighborhood Center at 1619 E. Kalamazoo St. in Lansing, MI.

Following are the hours of operation – please note the shift after Labor Day:

May 21, 2008 through August 27, 2008 **2:30 PM to 7:00 PM**

September 3, 2008 through October 29, 2008 **2:30PM to 6:30PM**

The ASFM will be open rain or shine. It is expected that Vendors will be in place at the market by 2:00 p.m. and ready for the public by 2:30 p.m. Due to safety concerns, no vehicle will be allowed to enter the market after 2:00 p.m. Vendors are expected to remain in place until the closing of the market. Contact the Market Manager in advance of any unusual circumstances. You may be relocated near an exit in these cases.

Fee Structure

Flat Rate

The fee for each 12x30 or 12x20 vendor spot is **\$12.00**.

If a vendor wishes to reserve a specific spot, for specific markets, they have two options:

A. Prepaid Spots

Vendors who chose to prepay for the entire season will be charged **\$175.00** for one spot and will have that spot automatically reserved for the season. The prepaid amount is due in full no later than one week prior to the first market.

OR

B. Reservation Agreement

If a vendor wishes to reserve a spot for specific dates, but would rather pay their fee on a weekly basis, they will be required to fill out a Reservation Agreement for each spot to be reserved.

Each reserved spot designated in the Reservation Agreement will cost **\$8.00** per market.

Please check which payment option(s) you are interested in:

Flat Rate Prepay for entire season Reservation Agreement

Please indicate the dates you wish to be considered for participation for the 2008 season. Participation is based on the availability of space as well as on product need and will be confirmed by the Market Manager. Vendors have the option of reserving a spot by completing a reservation agreement with the Market Manager:

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Entire Season | <input type="checkbox"/> July 16 | <input type="checkbox"/> September 17 |
| <input type="checkbox"/> May 21 | <input type="checkbox"/> July 23 | <input type="checkbox"/> September 24 |
| <input type="checkbox"/> May 28 | <input type="checkbox"/> July 30 | <input type="checkbox"/> October 1 |
| <input type="checkbox"/> June 4 | <input type="checkbox"/> August 6 | <input type="checkbox"/> October 8 |
| <input type="checkbox"/> June 11 | <input type="checkbox"/> August 13 | <input type="checkbox"/> October 15 |
| <input type="checkbox"/> June 18 | <input type="checkbox"/> August 20 | <input type="checkbox"/> October 22 |
| <input type="checkbox"/> June 25 | <input type="checkbox"/> August 27 | <input type="checkbox"/> October 29 |
| <input type="checkbox"/> July 2 | <input type="checkbox"/> September 3 | |
| <input type="checkbox"/> July 9 | <input type="checkbox"/> September 10 | |

Farmer Product Checklist



Please mark all products that you produce and plan to bring to the market.

Fruits and Vegetables:

- | | | |
|---|---|--|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Grains _____ | <input type="checkbox"/> Purslane |
| <input type="checkbox"/> Apricots | _____ | <input type="checkbox"/> Radish |
| <input type="checkbox"/> Artichoke | <input type="checkbox"/> Grapes | <input type="checkbox"/> Raspberries |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Herbs: _____ | <input type="checkbox"/> Rhubarb |
| <input type="checkbox"/> Arugula | _____ | <input type="checkbox"/> Rutabaga |
| <input type="checkbox"/> Bok Choi | _____ | <input type="checkbox"/> Scallions |
| <input type="checkbox"/> Basil | _____ | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beans | _____ | <input type="checkbox"/> Summer Squash |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Jerusalem Artichokes | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Blackberries | <input type="checkbox"/> Kale | <input type="checkbox"/> Sweet Potatoes |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Kohlrabi | <input type="checkbox"/> Swiss Chard |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Leek | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Brussels Sprouts | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Tomatillos |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Melons | <input type="checkbox"/> Turnip |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Mulberries | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Winter Squash |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Mustard Greens | <input type="checkbox"/> Yams |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Okra | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Cherries | <input type="checkbox"/> Onion | <input type="checkbox"/> Plant starts: _____ |
| <input type="checkbox"/> Collards | <input type="checkbox"/> Parsley | _____ |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Parsnips | _____ |
| <input type="checkbox"/> Cucumber | <input type="checkbox"/> Peaches | _____ |
| <input type="checkbox"/> Currants | <input type="checkbox"/> Pears | _____ |
| <input type="checkbox"/> Eggplant | <input type="checkbox"/> Peas | _____ |
| <input type="checkbox"/> Flowers (Cut) | <input type="checkbox"/> Peppers | Other: _____ |
| <input type="checkbox"/> Flowers (Potted) | <input type="checkbox"/> Plums | _____ |
| <input type="checkbox"/> Garlic | <input type="checkbox"/> Potatoes | _____ |
| <input type="checkbox"/> Gourds | <input type="checkbox"/> Pumpkins | _____ |

Additional Notes/Comments:

Please list all of the Value Added/Farm Products that you produce and plan on bringing to the market:

- ___ Apple Butter
- ___ Applesauce
- ___ Apple Rings
- ___ Beef
- ___ Chicken
- ___ Cheese: _____
- ___ Compost
- ___ Eggs
- ___ Honey (strained)
- ___ Honeycomb
- ___ Juice: _____

- ___ Jelly/Jam: _____
- ___ Maple Candies
- ___ Maple Sugar
- ___ Maple Syrup
- ___ Pickles
- ___ Salsa
- ___ Sausage/Pork
- ___ Other _____

Any other processed food you wish to bring to the market: _____

Any specialty items or varieties that you would like us to promote in our marketing: _____

In order to uphold the integrity of the ASFM mission and vision, we require you to list all products you do not grow or produce as well as the name and contact information of the producer. As indicated in our policy, you are also required to clearly label where these products come from at your booth, at each market.

Producer/Farmer Name: _____

Address and/or telephone: _____

Products: _____

Producer/Farmer Name: _____

Address and/or telephone: _____

Products: _____

Producer/Farmer Name: _____

Address and/or telephone: _____

Products: _____

Waiver of Liability and Statement of Authenticity:

In consideration for participating as a vendor in the Allen Street Farmers Market, I assume all risks of injury suffered while on and/or upon the premises of the market and release and agree not to sue the Allen Neighborhood Center, its employees or anyone connected with the Allen Neighborhood Center of any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred while on and/or upon the premises of the Allen Neighborhood Center or Allen Street Farmers Market as a farm market vendor.

I, the undersigned, have read the waiver of liability and statement of authenticity as well as the ASFM Farmers Market Policy and both understand and agree to abide by each.

Signed: _____

Printed Name: _____ Date: _____

[Thank you for joining us at the Allen Street Market!](#)
[We appreciate your support, and wish you a very positive experience](#)