Downtown Bay City Farmers' Market
Vendor Contract/Application
2010 Season

Connecting people to their food!

Vendor/Farm Name: _____

Address: _____ **Day Phone**: _____

_____ **Evening Phone:** _____

_____ **Cell Phone:** _____

Mailing **Address**: _____ **Email:**_____

_____ **Fax #:** _____

_____

Applying as: Producer _____ **Handicrafter** _____

Rent for the Season: .

Spring/summer Market 5/27 - 10/28 # of Space: _____ Fee: _____

(Refer to Market Rules for market dates and times for 2010) (Limit 3 @ 12 X 20)

Rental Daily: (payment due on Market Day) **Must include a one time, annual $20.00 Association** membership fee.

# of Spaces: _____ Rental fee:_____
(3 Maximum)

ADULT CONSENT TO PHOTOGRAPH/VIDEOTAPE & DISSEMINATE WITHOUT COMPENSATION

I, _____, hereby give my consent to be photographed/videotaped while participating in any activity offered by the Downtown Bay City Farmers' Market. In addition, I consent to the reproduction and use of any such photographs and videotapes by the Downtown Bay City Farmers' Market, MSU Extension and Downtown Management Board for educational, public relations and promotional purposes and I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for such photographs, videotapes and use.

Yes_____ No_____ Initial_____

Please list below the items you plan to sell during the 2010 season at the Downtown Bay City Farmers' Market: (Please add a blank sheet if more room is needed).

_____

_____

_____

_____

_____

Wholesale - purchased through a wholesaler or product auction:

_____

_____

_____

Sales Tax Number (if applicable) _____

I hereby agree to abide by the rules established by the Downtown Bay City Farmers' Market Association and the agencies that oversee EBT Card (Bridge Card), Project Fresh and debit/credit card transactions and processing.

Initials_____

I, the undersigned, agree that the above information is true and accurate and to abide by the Downtown Bay City Farmers' Market rules which I have reviewed.

Signed_____

Date_____

Return signed contract with your check to: DBCFM
515 Center Ave., Suite 301
Bay City, MI 48708-5124

For Market Use: Vendor Accepted_____ Rejected_____

Notification Sent_____Insurance_____ Rental Fee Pd_____

Date_____ by_____

Revised 05/15/10
jr