

Paw Paw Farmers Market

111 E Michigan Ave / PO Box 179
Paw Paw, MI 49079
www.pawpaw.net/FamersMarket



VENDOR APPLICATION 2021 *(Revised 03/17/2021)*

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 BE SELLING AT THE MARKET: _____

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

USPS

Email

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 businesses 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

Meat/Eggs

Dairy

Floriculture

Baked Goods

Value Added

Cottage food

Other _____

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

ALL DATES ARE SUNDAYS. MARKET HOURS ARE 9AM TO 2PM; SETUP BY 8:50AM

JULY 11 AUG 15 SEPT 19

JULY 18 AUG 22 SEPT 26

JULY 25 AUG 29 OCT 3

AUG 1 SEPT 5 OCT 10

AUG 8 **NOT OPEN ON SUNDAY, SEPTEMBER 12, BECAUSE OF THE WINE AND HARVEST FESTIVAL**

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

_____ I have read and understand the 2021 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 to this application.

ALSO

_____ I choose to provide a 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 Packet. 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