

Complete this application and return to:

Brigette Leach
14302 E OP Avenue
Climax MI 49034

Retain rules and schedule for your records. Incomplete applications will not be processed.

Name _____

Farm Name/Business Name (if applicable)

Mailing Address _____

City _____ Zip Code _____

Telephone _____ e-mail _____

1. Indicate the market location (s) you intend to participate at:

Battle Creek _____

Bellevue _____

2. Type of Stall Rental Desired:

Seasonal Premium _____

Seasonal Standard _____

Daily _____

3. Please circle the items intended for sale at the market (s):

Vegetables

Plants, Shrubs, or Perennials

Meat or Fish

Fruit

Processed Value Added Products

Dairy or Cheese

Flowers

Baked Goods

Eggs

Mushrooms

Candy/Nuts

Ready to Eat Foods

Handcrafted Items (Please list) _____

Other (please list) _____

4. Location of Land or Facility Used for Production and/or Processing

Street Address _____ County, Township, Section Number (s) _____

5. I hereby swear that I am one of the following (check all applicable), and that I give the Market Master permission to inspect my farm or place of business to verify the crops being grown or products being made are as stated.

____ Farmer, Grower or Producer of Agricultural Products

____ Broker and reseller of fruits and/or vegetables

____ Cottage Food Business operating under the Cottage Food Law

____ Inspected, licensed facility for Foods

____ Artisan/Craftsperson

Sign Here _____ Date _____

6. I, _____, hereby agree to sell, or offer for sale, at the Battle Creek and/or Bellevue Farmers Markets, items permitted by same and listed above. Further, I acknowledge full responsibility for all activities conducted throughout the term of this permit and agree to hold harmless the City of Battle Creek, the Village of Bellevue, the Battle Creek Farmers Market Association, McCamly Place, and indemnify same for any and all claims arising from my use of this permit. **I further agree to comply with all rules and regulations of the Battle Creek Farmers Market Association.**

Signed _____ Date _____

Application Received by _____ Date _____