



2011 Garden City Farmers Market Application

Market Dates: Every Wednesday, May 2011 thru October 2011 from 11:00 a.m.-6:00 p.m.

Business Name: _____

Vendor Name: _____

Address, City, Zip Code: _____

Contact Number: _____ Cell Phone: _____

E-mail Address: _____

Type of Space Required: *All tents must be safely secured and weighted down*

_____ (12 x 12) without vehicle

_____ (12 x 20) with vehicle

Please check the payment plan you prefer:

All checks payable to: **Garden City Chamber of Commerce and must accompany your application**

Annual Rate: \$520.00 26 Markets for the year of 2011

Payment: Pay in full (\$520) Two Payments (\$260 each): March 1, and July 1, 2011
 Amount Paid _____ Check Number _____

Monthly Rate: \$100 per month: *Please check month(s) you will be participating*

May June July August September October
 Amount Paid _____ Check Number _____

Daily Rate: \$25 per day: *Please check below all dates that apply*

Amount Paid _____ Check Number _____

- | | | | | | |
|---------------------------------|----------------------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> May 4 | <input type="checkbox"/> June 1 | <input type="checkbox"/> July 6 | <input type="checkbox"/> Aug 3 | <input type="checkbox"/> Sept 7 | <input type="checkbox"/> Oct 5 |
| <input type="checkbox"/> May 11 | <input type="checkbox"/> June 8 | <input type="checkbox"/> July 13 | <input type="checkbox"/> Aug 10 | <input type="checkbox"/> Sept 14 | <input type="checkbox"/> Oct 12 |
| <input type="checkbox"/> May 18 | <input type="checkbox"/> June 15 | <input type="checkbox"/> July 20 | <input type="checkbox"/> Aug 17 | <input type="checkbox"/> Sept 21 | <input type="checkbox"/> Oct 19 |
| <input type="checkbox"/> May 25 | <input type="checkbox"/> June 22 | <input type="checkbox"/> July 27 | <input type="checkbox"/> Aug 24 | <input type="checkbox"/> Sept 28 | <input type="checkbox"/> Oct 26 |
| | <input type="checkbox"/> June 29 | | <input type="checkbox"/> Aug 31 | | |

Please list the products or by-products of your farm that you will sell at the Farmers Market:

_____ Fruits _____ Vegetables _____ Flowers _____ Bedding Plants

Others:



Waiver of Liability

In consideration for the foregoing, I myself, my executors, administrators, and assignees, do hereby release and discharge all sponsors, coordination groups, volunteers, individuals, and all parties associated with the activity, for all claims of damages, demands, actions, and whatsoever in manner arising or growing out of my participation in said event.

Vendors Signature: _____ Date: _____

Please make sure that a current copy of all related licenses and the following are included with your application:

- A current proof of \$500,000 Liability Insurance on an Accord Form 25.**
The following additional insured definition shall be shown on Certificates of Insurance and attached to Farmer/Vendor Application:
"Garden City Chamber of Commerce, Garden City Downtown Development Authority, and the City of Garden City, Michigan."
- A signed copy of the **Waiver of Liability** (included at the top of this form)
- A check made out to Garden City Chamber of Commerce for the market space fee.

I have read and agree to abide by the rules and regulations of the Garden City Farmers Market. I understand that my market space payments to the Farmers Market are non-refundable. Please sign below.

Vendors Signature: _____ Date: _____

Please mail your completed application form, (pages 1 & 2) to:

**Garden City Chamber of Commerce
30120 Ford Road, Suite D
Garden City, MI 48135
Website: www.gardencity.org**

Note: please keep the "Rules and Regulations" for your own reference.

**Garden City Chamber of Commerce
30120 Ford Road, Suite D Garden City, Michigan 48135
Ph: 734-422-4448 Fax: 734-422-1601
Website: www.gardencity.org**