



Elk Rapids Farmers Market – 2025 Market Application

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Returning Vendor

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New Vendor

Name of Owner: _____ Market Rep (if different than owner): _____

Name of Farm/Business: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Description of Products (list all items to be sold): _____

Type of Vendor / Planned Attendance:

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FULL SEASON VENDOR (Entire Season May 30 – October 3)

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10X10 Booth (\$340.00)

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10X20 Booth (\$595.00) – *limited availability*

Please indicate any days that you will **not** be at the Market: _____

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DAILY VENDOR (\$25.00/week, payable at the Market; 10X10 booth only)

Planned Dates: ☐ Entire Season (May 30 – October 3) ☐ Specific Dates (please describe): _____

If space constraints limit vendor selection, do you wish to be considered as a “Drop-In Vendor? (Y/N) _____

License Type: ☐ Licensed

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Cottage Law

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Exempt

Special Requests: _____

Vehicle Size & Description: _____

Please complete and return the Market Application along with a copy of your license and payment (full season vendors) by April 15, 2025 to hold your spot or be considered for the 2025 season if you are new to the Market. If space allows, additional applications will be considered after this date.

Applications can be returned via email: gabrielle@elkrapidschamber.org or mailed to: Elk Rapids Area Chamber of Commerce, P.O. Box 854, Elk Rapids, MI 49629 Attn: Market Manager

The Elk Rapids Area Chamber of Commerce, or the Market Manager may stop the sale of any products that in its sole judgment are deemed unsafe, a nuisance, or do not conform to Market Rules. Vendors are responsible for all health department permits and for following all health department rules pertaining to the sale of food. The Vendor is also responsible for payment of any applicable sales or use taxes.

Booth fees and other expenses sustained by the vendor are not reimbursed by the Chamber for any reason, including, but not limited to, inclement weather or lack of sales. The Elk Rapids Farmers Market is a rain or shine market and will not be cancelled due to weather.

Vendor agrees to indemnify and hold harmless the Elk Rapids Area Chamber of Commerce, their employees, agents, directors, officers and volunteers from any and all claims, actions, costs, damages, expenses of litigation, and attorney fees arising from the actions of Vendor or its employees, agents, or volunteers related to Vendor's activities under this agreement.

This agreement may not be assigned. This Agreement can only be amended by a written document executed by both parties. This Agreement and the written approvals contemplated by it are the entire understanding of the parties. This Agreement shall be constructed under the laws of the State of Michigan.

I have read and understand the agreement as presented.

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I have received, read and understand the Elk Rapids Farmers Market Guidelines.

Date: _____ I hereby approve of this Agreement.

Vendor Signature: _____

Market Manager Signature: _____

***** **PAYMENT INFORMATION** *****

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Check Enclosed

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Credit Card

Name on Credit Card: _____ Credit Card #: _____

Billing Address: _____

Exp. Date: _____ SVC Code (3 digits on back): _____ Signature: _____

***** **OFFICE USE ONLY** *****

Payment Received: _____ Check #: _____ Amount \$: _____ Confirmation Sent: _____