



Farm Vendor Application

Farm Name: \_\_\_\_\_

Farm Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Social Media: \_\_\_\_\_

**Location of Land or Facilities Used for Production and/or Processing**

Address: \_\_\_\_\_

**List of Products to be Sold**

\_\_\_\_\_  
\_\_\_\_\_

**Market Hours: Thursdays 4 pm-7 pm, May 2<sup>nd</sup>- October 24<sup>th</sup>**

Seasonal Rate: \$150 \_\_\_\_\_

Weekly Rate \$10 \_\_\_\_\_ (must be submitted at least one week in advance)

I hereby swear that I qualify as one of the following (please check all that apply). I permit the Village of Bellevue, or designee, to inspect my farm or business to verify the crops and products stated:

\_\_\_\_ farmer, grower, producer of agricultural products

\_\_\_\_ broker or reseller of fruits and/or vegetables or flowers

\_\_\_\_ cottage food business operating under the Michigan Cottage Food Law

\_\_\_\_ inspected, licensed food facilities

I, \_\_\_\_\_, hereby agree to sell the above-listed items at the Bellevue Farmers Market. Further, I acknowledge full responsibility for all activities conducted throughout the terms of the permit and agree to hold harmless the Village of Bellevue and indemnify same for all claims arising from my use of this permit. **I agree to comply with all rules and regulations of the Village of Bellevue.** Make checks payable to Village of Bellevue, or for Credit Card payments, call (269)763-9571

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit to [BellevueMichiganDDA@gmail.com](mailto:BellevueMichiganDDA@gmail.com) or Village of Bellevue 201 N. Main St. Bellevue, MI 49021.