



Application Form  
 The Green Market at Allegiance Health  
 2021 Spring – Summer Season  
 May 6th– October 28th

All Applications, Rules, and Proof of Insurance  
 may be submitted via email or snail mail at:

Market Manager  
 5325 Browns Lake Road, Jackson, MI 49203  
 tfojtasek@gmail.com

Business Name \_\_\_\_\_  
 Person's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ Web site \_\_\_\_\_

**Vendor Identity:**

**Check all that apply**

- Producer Vendor
- Michigan-made Value-added Food Vendor
- Cottage Industry Vendor
- Arts & Crafts

**Market Products:**

**Check all that apply**

Farm Products (Producer Vendor):

- Produce
- Meat (Please provide copy of license.)

**Farm Products Continued:**

- Dairy (Please provide copy of license.)
- Cut Flowers
- Nursery Stock (Please provide copy of license.)
- Other Plants (Please provide copy of license, if applicable)
- Other Product \_\_\_\_\_

**Prepared Foods: (Michigan-made Value added Food Vendor and Cottage Industry Vendor)**

- Michigan Cottage Food Law. (Please include a sample label from one of your cottage products.)
- Michigan Department of Agriculture License (Please provide copy of license).

Please list all prepared food products you plan to sell at The Green Market.

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

**Arts and Crafts (Artists and Crafts Persons):**

The Green Market at Allegiance Health gives priority to items that are made of organic or sustainable materials, and that contain a high percentage of recycled material. All items must be made in Michigan and approved by the application committee. **Spaces are limited.** See vendor rules.

Please list the items you wish to sell at The Green Market, including a brief description addressing your use of organic, sustainable or recycled content, if any.

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

**All vendors must carry a minimum \$1 million liability insurance policy. Proof of insurance is required. Please furnish either a copy of the policy or policy number and the agent's name and phone number no later than your first day at the market.**

**Farm Information (if applicable): List address where items are grown or produced.** (If items are grown or produced at other locations, please list origins on a separate sheet).

**Property 1:**

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Vendor's Affidavit**

- I/We understand that I/we will pay a fee of \$260 per 10' space to be **Season Vendors**. This fee must be paid no later than May 27, 2021. If not paid by this date, vendor will be considered a Day Vendor and charged accordingly.
- I/we understand that in order to reserve the same stall space for the season, I/we must register as Season Vendors and **the full fee will be charged whether or not I/we attend the market.**
- I/We understand if we registered as **Day Vendors**, the stall fee will be \$15 per market, and I/we can attend only with a completed and approved application. Spots available for the week will available on a "first come first serve" basis for that week. Please contact any of the Market Managers to reserve a stall.
- I/We understand that I/we am/are entitled to sell or offer for sale only such items that have been described on this Vendor Application approved and filed with the Market Manager.
- I/We understand that my/our Vendor Application must be updated and approved prior to selling any new items.
- I/We acknowledge receipt of a copy of The Green Market at Allegiance Health Vendor Rules in effect as of this date and I/we agree to comply with them.
- I/We further swear that all information provided to The Green Market at Allegiance Health in or along with this Vendor Application by me/us on my/our behalf is complete and correct.
- I/We understand and agree that violation or falsification of any of the terms of this affidavit will result in immediate and permanent loss of permission to sell any product at The Green Market at Allegiance Health.
- If signing for a business or cooperative, the individual(s) signing this Application and Affidavit have the requisite authority to do so.
- All vendors are asked to be "team players." The Green Market at Allegiance Health is all about community health and well-being. Vendors are expected to behave as members of the team, not competitors. I/we agree to be committed team players.
- I/we agree to participate in the Henry Ford Allegiance Health System Employee Rewards and It's Your Life program, which gives qualified employees tokens or certificates redeemable as cash at The Green Market at Allegiance Health at no cost to the vendor.  YES  NO
- I/We agree to accept Allegiance Health ID+ tokens and credit/debit card tokens issued by the market.  YES  NO.
- I/We (if eligible) agree to participate in the EBT, Double Up Food Bucks, Project Fresh, and Senior Project Fresh programs, which give qualified customers a certificate or tokens redeemable as cash on qualified items purchased at The Green Market at Allegiance Health.  YES  NO

I am interested in being a:  Season Vendor  Day Vendor

Signature of Applicant(s) or Signature of an Authorized Agent for Application(s):

\_\_\_\_\_ Date: \_\_\_\_\_

Thank you for applying to The Green Market at Allegiance Health. We will advise you of the status of your application within 10 working days.

**This application is valid for the 2021 Spring – Summer Season Only**

**Please advise Market Managers at least a day in advance if you are unable to attend a market**