



2020 Zeeland Farmers Market Application

May 23 through September 26: Saturdays from 9am to 1pm

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SECONDARY PHONE: _____

EMAIL: _____

Market Dates and Fees:

Yearly Fee: \$ 175

Weekly Fee: \$12

- | | | |
|---|---|--|
| <input type="checkbox"/> MAY 23 | <input type="checkbox"/> JULY 11 | <input type="checkbox"/> AUGUST 22 |
| <input type="checkbox"/> MAY 30 | <input type="checkbox"/> JULY 18 | <input type="checkbox"/> AUGUST 29 |
| | <input type="checkbox"/> JULY 25 | |
| <input type="checkbox"/> JUNE 6 | | <input type="checkbox"/> SEPTEMBER 5 |
| <input type="checkbox"/> JUNE 13 | <input type="checkbox"/> AUGUST 1 | <input type="checkbox"/> SEPTEMBER 12 |
| <input type="checkbox"/> JUNE 20 | <input type="checkbox"/> AUGUST 8 | <input type="checkbox"/> SEPTEMBER 19 |
| <input type="checkbox"/> JUNE 27 | <input type="checkbox"/> AUGUST 15 | <input type="checkbox"/> SEPTEMBER 26 |

MARKET MANAGER- TERESSA GEURINK

CONTACT INFORMATION:

PHONE: 616.403.9990 EMAIL: tracegeurink@yahoo.com

Payment can be made by cash or check only. Checks can be made out to Teresa Geurink

Product Category (check all that apply)

____ FRUITS ____ FLOWERS ____ JAMS/HONEY/SYRUPS/SAUCES
____ PLANTS ____ DAIRY / EGGS ____ OTHER
____ BAKED GOODS ____ NURSERY STOCK
____ VEGETABLES ____ MEAT/POULTRY

MARKET OVERVIEW:

1. Market hours are from 9am to 1pm. Vendors booths are required to operate the entire length of the market.
2. All vehicles and trailers must be removed from the Elm Street Park prior to the start of the market.
3. Vendors must park in the lot west of Elm Street Park, refrain from parking on Elm Street.
4. Payment is required prior to the start of the market and should be in the form of Cash or Check only. Check may be made out to: Teresa Geurink.
5. Vendors are responsible for their own supplies including, tables, tents, signage, trash cans etc.
6. Vendors are required to clean up their space at the end of the market, not leaving any trash or leftover market items.
7. Smoking is not permitted in the market area.
8. All products requiring licensing must provide a copy of appropriate licensing.

OFFICE USE ONLY	SEASONAL PAYMENT: _____
INSURANCE SUBMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKLY PAYMENT: _____
DATE OF SUBMISSION: _____	NUMBER OF BOOTHS: _____

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