



Leading Businesses.
Leading Communities.™

Elk Rapids Area Chamber of Commerce
305 US 31 North
P.O. Box 854
Elk Rapids, MI 49629
Phone: 231-264-8202
Fax: 231-264-6591
Email: info@elkrapidschamber.org
Website: www.elkrapidschamber.org

Elk Rapids Area Chamber of Commerce Farmer's Market 2018 Guidelines

Farmer's Market is held every Friday morning beginning June 1st through October 5th. Set up time is between 6:30 and 7:45 am only. No one will be allowed to set up after 8:00am for safety reasons. Market hours are 8:00a.m. - 12:00p.m. No vendor breakdown will be allowed until noon. The market will be held rain or shine.

All spaces are on a first come first serve basis. The cost is \$15.00 per space. If you would like to prepay for the 19 week season, a discount of \$50.00 will be granted. You will receive a reserved space for the entire season. Total for year with reserved space is \$235.00. Reserved spaces must be paid in full by May 18th. If you are not here and set up by 7:45a.m., the Market Master has the right to assign your spot to another vendor waiting.

A courtesy call would be nice if you are unable to attend so we can let your customers know you will not be here on that day. Sorry no refunds will be given.

1. All vendors must be respectful of other vendors, customers, Market Master and chamber staff and volunteers at all times.
2. All items sold must be farm grown or locally grown food products (fruits, vegetables, flowers, eggs, meat, fish, cheese, etc.) No live animals of any kind will be sold. Some handmade items may be offered only if produce is the focal point of your booth. Crafts will not be allowed. Please see the Chamber for a complete listing of craft shows available.
3. Produce, flowers, plants, etc. are not to be bought from other suppliers but to be home grown. *Majority of products sold must come from your own farm or kitchen.* Products not grown locally on your property should be identified with farm and county origin. Market Master/chamber staff may choose to visit your farm or kitchen for verification.
4. All vendors are responsible for appropriate permitting deemed necessary for their products. (i.e. health department, etc.) It is your responsibility to know the Cottage Food regulations and label according to law.
5. The Elk Rapids Area Chamber of Commerce reserves the right to reject any licensed applications on the merits of items being sold. All licenses must on file with the chamber office and be shown upon request.
6. The Elk Rapids Area Chamber of Commerce Executive Board shall make the final decisions on any discrepancy or interpretation of the guidelines.
7. The Elk Rapids Area Chamber of Commerce and the Executive Board will not be responsible for accidents, thefts, or damages to any vendor's products or equipment.
8. Each vendor will be responsible for his/her own area and for clean-up at closing. All refuse must be taken with the vendor. **This is a smoke free environment. No Smoking, please.** Violations shall constitute a warning. Second warning shall constitute not being permitted back into the market.
9. For the health and safety of vendors and customers, no pets will be allowed in the market.

10. All vendors are responsible to provide their tents, tables, chairs, signage, etc.
11. Parking behind tables on grass shall be limited to one vehicle or one vehicle with trailer. (Size of trailer to be determined by Market Master.) No vendor shall set up in front of another vendor. The size of your display space is 10ft. wide. Your set up location is to be contiguous with your vehicle.
12. All vendors must register with Market Master.
13. You must reside permanently in one of the following counties to participate in the Elk Rapids Chamber Of Commerce Farmers Market: Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego and Wexford.
14. No solicitation on the premises.

SIGNATURE: _____ DATE: _____

Print Name _____

Name of Business _____

Mailing Address _____

Email Address _____

(Required)

County of Permanent Residence: _____

(Required)

Home Phone # _____ Mobile Phone# _____

Please return with a copy of the appropriate product license and check below as it applies to your business:

_____ **Licensed**

_____ **Cottage Law**

_____ **Exempt**

VISA/MASTERCARD # _____ EXP DATE: _____ SVC CODE _____ (3 digit # on back of card)

BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

NAME AS IT APPEARDS ON CARD _____ SIGNATURE _____

.....
 For office use only: Date Payment received: _____ Check #: _____ Amt: _____

Date Entered on Computer: _____ Date Confirmation Sent: _____ Assigned Space # _____