OFFICE USE ONLY DATE RECEIVED:_____ DATE APPROVED:_____

☐ Seasonal Fee ($250) ☐Daily Fee ($25) Date Fee Received_____

☐ License Needed ☐License Received Date License Received_____

BELLAIRE FARMERS MARKET

2026 VENDOR APPLICATION

VENDOR TYPE (check best fit)

☐Farm ☐Farm/Food ☐Farm/Craft ☐Food ☐Food/Craft ☐Craft

I plan to sell: ☐May ☐June ☐July ☐Aug ☐Sept ☐Oct

Date that I plan on starting to sell at Market: _____

Years involved with Bellaire Farmers Market: _____

Business Name: _____

Primary Contact: _____

Parent and/or Guardian (if primary is under 18 years of age): _____

Address: _____
(Street, City, State, Zip)

County: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Website: _____

List family, friends, or employees who will be vending at the market:

Bellaire Farmers Market is NOT a re-sell market. Check with the Market Manager to determine whether we are the right market for you.

Do you grow or make your own products? ☐YES ☐NO

If you answered NO, who is your supplier? _____

List all products (utilize back of form if you run out of space):

_____

_____

_____

I attest that the above information given is true and in no way a misrepresentation of my products.

Signature: _____ Dated: _____

ASI Community, Inc., 102 S. Maple Street, PO Box146, Bellaire, MI 49615
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