OFFICE USE ONLY Date Received: _____ Date Approved: _____

Daily Fee: $5.00

☐ License Needed ☐ License Received ☐ Date License Received

BELLAIRE WINTER FARMERS MARKET 2026-2027 VENDOR APPLICATION

ASI Community Center & Park
Your Local Non-Profit Serving You!
102 South Maple Street | PO Box 146
Bellaire, MI 49615

VENDOR TYPE (check best fit)

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

Bellaire Winter Farmers Market is a FIRST COME, FIRST SERVE Market

Business Name and Vendor Name: _____

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-seller' 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: _____

_____

_____

_____

_____

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

Signature: _____ Dated: _____

ASI, 102 S. Maple Street, PO Box146, Bellaire, MI 49615
(231)350-8835 | Email: asicommunityinc@gmail.com