



Imlay City Downtown Development Authority Farmers Market 2026 REGULAR SEASON VENDOR APPLICATION

Market Season: May 14th – October 8th, 2026 (22-week Season)
Market Day & Time: Thursdays, 9 AM – 4 PM
Set-up starts at 8 AM; Takedown completed by 5 PM

Market Location: The Pavillion located on the corner of Third Street and Main Street across the street from the Post Office in Downtown.

Rental Rates (per stall):

Daily Rate – \$15 per day – paid at the start of each market day attended.

Daily Rate if second stall is wanted \$10.

Full Season Vendors

EARLY BIRD RATE, paid in-full before or on April 1st, 2026 – \$220

FULL SEASON RATE, paid in-full on or after May 1, 2026 – \$265

Please make your check payable to: **Imlay City DDA**
Mail to: Imlay City Downtown Development Authority
150 North Main Street, Imlay City, Michigan 48444

To join our market, your application must include the following:

- Completed Business Information (page 8)
- Completed Stall Request Information (page 9)
- Completed Agreement of Compliance / Waiver Form (page 10)
- Completed Food Program Participation - optional (page 11)
Programs have additional agreements to be signed (provided by Market Manager before market)
- Completed W-9 Form, if participating in any programs (page 12)
- Provide a copy of your Liability Insurance
- Payment for stall(s)
- Market Manager Approval & Confirmation

2026 Farmers Market – REGULAR SEASON
Vendor Application / Business Information

Representative Name: _____
(checks will be issued to this person, if applicable)

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Preferred Method(s) for Contact: call home call cell text cell email

Business Name: _____

Facebook Page: _____

Website: _____

An online presence is HIGHLY SUGGESTED so that we can connect your business page on our Facebook posts, gaining your business more exposure, and giving customers a way to contact you outside of our market.

Products you plan to sell at our market:

- Locally-Grown Produce
- Michigan-Sourced Produce Maple Syrup
- Honey / Bee-Products Flowers & Plants Milk, Meats & Eggs
- *Baked Goods; what types: _____
- *Canned Goods; what types: _____
- *Beverages; what types: _____
- Pet Products; describe: _____
- Soaps & Skincare Products Antiques & Resale
- Arts & Crafts / Handmade Products; describe (picture(s) are requested of your products):

- Other describe (picture(s) are requested of your products): _____

Please make sure you are aware of and following ALL the regulations set by Michigan's Cottage Food Law – **if you'd like more information on Cottage Food Law, check here:*

Vendor Stall Request Information

Please enter how many stalls you are requesting:

Truck Stall _____ Pavillion Stall _____

_____ I will pay a daily rate of **\$15** (per stall) at the start of each market day

_____ If a daily rate vendor would like more than one stall it would be a additional \$10
For each stall.

_____ I will pay the Early Bird Rate for the entire 22-week season
(before or on April 1st, 2026) of **\$220** (per stall)

_____ I will pay the Full Season Rate for the entire 22-week season
(on or after May 1st, 2026) of **\$265** (per stall)

How often do you plan to attend the market? Full Season OR select date

May

____ 14th

____ 21st

____ 28th

June

____ 4th

____ 11th

____ 18th

____ 25th

July

____ 2nd

____ 9th

____ 16th

____ 23rd

____ 30th

August

____ 6th

____ 13th

____ 20th

____ 27th

September

____ 3rd

____ 10th

____ 17th

____ 24th

October

____ 1st

____ 8th

Follow our Facebook page
Downtown Imlay City
for updates on what's happening at our
market each week.

** Selecting dates does not lock you
into those dates, nor does it exclude
you from attending others. Actual
market attendance will be confirmed

2026 Farmers Market – REGULAR SEASON

**Agreement of Compliance /
Waiver of Responsibility / Media Waiver**

I, _____, have read and fully understand the Imlay City Downtown Development Authority Farmers Market Rules & Regulations. I hereby agree to comply with these rules and regulations, as well as all other federal, state, and local regulations that apply, knowing full well that I will forfeit my right to sell at the Imlay City Downtown Development Authority Farmers Market if I am found to be in noncompliance.

I, _____, accept the responsibility of the use of the Farmers Market Facility. I will compensate the City of Imlay City for damages that may occur to the facility while in my use. The City of Imlay City will not be held responsible for accidents or injuries sustained by myself (vendor) and / or my associates while using the Farmers Market Facility. I, the vendor, will not hold the City of Imlay City responsible for any damages or harm to my employees, products, or equipment that may occur while using the Farmers Marker Facility.

I, _____, understand that images of myself, my employees, and / or my products may be used in promotional efforts by the Imlay City Downtown Development Authority and Market Manager, which may include, but are not limited to, social media, websites, and printed media.

Printed Name: _____

Signature: _____

Date: _____

Do you have Liability Insurance?

_____ No, I do not have liability insurance. *Completely fill out the sole proprietor form (attached)*

_____ Yes, I have liability insurance. (HIGHLY RECOMMENDED) *Provide a copy for our records*

2026 Farmers Market – REGULAR SEASON

Additional Food Program(s) Participation

Beginning this season, the Imlay City Farmers Market will no longer operate the credit/debit token reimbursement program for vendors who do not accept credit/debit cards. The market will only process card transactions when required for participation in state or federal food assistance programs, not for general vendor reimbursement. Vendors are strongly encouraged to obtain their own credit/debit card system or utilize electronic payment platforms such as Venmo to accommodate customers.

If you have questions or need assistance setting up a credit card system or online payment options, please don't hesitate to reach out. I'm happy to walk you through the process and help you get set up so you're ready for the season.

Do you sell food products?

- Yes No – if you don't sell food, the following does not apply to you.

If Yes, would you like to participate in:

- EBT / SNAP / Food Stamp Tokens** (*Michigan Food Products are eligible – including Cottage Food Law items*)

Our Market Manager runs customer EBT / P-EBT cards in exchange for wooden tokens; tokens are given to vendors as payment; vendors turn in tokens at the end of each day and are reimbursed via check the following market week.

- Double Up Food Bucks Tokens** (*Michigan Produce and Food-Bearing Plants*)

Metal tokens are provided to customers to match all EBT / P-EBT transactions; tokens are given to vendors as payment; vendors turn in tokens at the end of each day and are reimbursed via check the following market week.

- WIC Project FRESH Coupons** (*Michigan Produce ONLY*)

Paper coupons are provided straight to the customer via this government program – SIGNED coupons are given straight to the farm vendor; those coupons are turned in at the end of each day and are reimbursed via check the following market week.

- Senior Project FRESH Coupons** (*Michigan Produce & Honey ONLY*)

Paper coupons are provided straight to the customer via this government program – SIGNED coupons are given straight to the farm vendor; those coupons are turned in at the end of each day and are reimbursed via check the following market week.

There are additional agreements that must be completed before accepting any of these payment programs. Vendors who accept these payments without completing the agreements will not be reimbursed. The Market Manager will provide these to be signed before the market.

If Yes to participate in any program above, you will need to complete a 2026 W-9 form (attached) to be reimbursed. Payments cannot be issued without a completed W-9 form.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
| | <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ | Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| Social security number | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

| Employer identification number | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.