



Imlay City DDA's 2021 Farmers Market REGULAR SEASON Vendor Application

Market Season: Market Day & Time:	May 20, 2021 – October 28, 2021 Thursdays, 10 AM – 4 PM Set-up starts at 9 AM; Takedown by 5 PM		
Market Location:	Lawn space located on the corner of Third Street and Main Street, across the street from the Post Office in Downtown.		
Rental Rates (per stall):			
<u>Daily Rate</u> – : <u>Full Season V</u>	\$10 per day – paid at the start of each market day attended. <u>Yendors</u> EARLY BIRD RATE, paid in-full before or on April 30, 2021 – \$75 FULL SEASON RATE, paid in-full on or after May 1, 2021 – \$100		
Please make you check paya	able to: The City of Imlay City		
Mail to:	Imlay City Downtown Development Authority 150 North Main Street, Imlay City, Michigan 48444		
To join our market, you	r application must include the following:		
☐ Completed Busi	ness Information (page 2)		
☐ Completed Stall Request Information (page 3)			
☐ Completed Agreement of Compliance / Waiver Form (page 4)			
☐ Copy of Liability Insurance OR Completed Sole Proprietor Form (page 5)			
☐ Completed Prog	ram Participation (page 6)		
☐ Completed	d W-9 Form, if participating in any programs (page 7)		
□ Pro	ograms have additional agreements to be signed (provided by Market Manager before market)		
☐ Payment for stall	l(s)		
□ Market Manage	r Approval & Confirmation		

Imlay City Downtown Development Authority
2021 Imlay City Farmers Market
810-724-2135 /// www.icdda.com





2021 Farmers Market – REGULAR SEASON (Thursdays) Vendor Application – Business Information

Representative Name:			
	(checks will be issued to this p	person, if applicable)	
Address:			
Home Phone #:	me Phone #: Cell Phone #:		
Email Address:			
Preferred Method(s) for Contact:	□ call home □ call cell	□ text cell □ email	
Business Name:			
Facebook Page:		An online presence is HIGHLY	
Website:		SUGGESTED so that we can connect your business page on our Facebook	
Products you plan to sell at our market:		posts, gaining your business more exposure, and giving customers a wa	
☐ Locally-Grown Produce		to contact you outside of our market.	
☐ Michigan-Sourced Produce	☐ Maple Syrup	☐ Food Truck	
☐ 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 Pro	oducts; describe:		
□ Other:			

Cottage Food Law − if you'd like more information on Cottage Food Law, check here: □

^{*}Please make sure you are aware of and following ALL the regulations set by Michigan's





2021 Farmers Market – REGULAR SEASON (Thursdays) Vendor Application – Stall Request Information

Please enter how many stalls you are requesting:

	Truck Stall	Grass Stall		
_	I will pay on a daily	y basis of \$10 a day (per s	stall) at the start of e	ach market day
-		Bird Rate for the entire 2 n April 31, 2021) of \$75 (p		
-	 	season Rate for the entire May 1st) of \$100 (per sta		
How oft	en do you plan to attend m	narket? ☐ Full Seasor	n OR □ select	dates**
MAY □ 20	<u>JU</u>		<u>SEPTEMBER</u> □ 2	you into you from attendance :e. **
□ 27		8 15	□ 9 □ 16	not lock exclude market loser dat
<u>JUNE</u> ☐ 3		22 29	□ 23 □ 30	tes does r does it s. Actual ed on a c
□ 10 □ 17 □ 24		JGUST 5 12 19 26	OCTOBER ☐ 7 ☐14 ☐ 21 ☐ 28	** Selecting dates does not lock you into those dates, nor does it exclude you from attending others. Actual market attendance will be confirmed on a closer date. **

Follow our Facebook page Imlay City Farmers Market

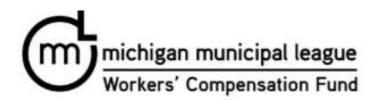
for updates on what's happening at our market each week, day-of photos of what products we're hosting, and any cancellation information.





2021 Farmers Market – REGULAR SEASON (Thursdays) Agreement of Compliance / Waiver of Responsibility / Media Waiver

l,, 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:
Printed Name:
Signature: Date:
Date: Do you have Liability Insurance?
Signature: Date:



SOLE PROPRIETOR FORM For Sole Proprietors with No Employees

For workers' compensation purposes, we are required to maintain verification regarding workers' compensation coverage for all independent contractors.

You must provide the following information if you:

- a) Are a sole proprietor with no employees, and
- b) Do not carry workers' compensation insurance.

Name of Sole Proprietor:	
2) Federal Tax Identification Num	nber or last 4 digits of Social Security No
3) I am doing business as:	
Your business card:	ame certificate you filed with the county; , Business Flyer, evidence of professional social
media presence (Linked)	
	usiness or private homeowners that you have worked for in the he date this document is signed, including address/phone #:
Please complete the following	
+ 	a Sole Proprietor with no employees, will provide services to on a periodic basis
	titled to workers' compensation benefits under Michigan's Law; nsible for any injuries/illnesses I may sustain while performing my
Signed:	Date:
Sole Proprietor	





2021 Farmers Market – REGULAR SEASON (Thursdays) Vendor Application – Program Participation

Are you	u running your own debit / credit card transactions at your stall?		
□ Yes	□ No		
	If No, would you like to participate in our market's Debit Token Program ?		
	Our Market Manager runs customer debit / credit 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.		
	☐ Yes ☐ No		
Do you	sell food products?		
☐ Yes	\square 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 (<i>Michigan Food Products are eligible</i> −		
	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 (<i>Michigan Produce and Food-Bearing Plants</i>)		
	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. <u>Vendors who accept these payments without completing the agreements will not be reimbursed.</u> Market Manager will provide these to be signed before market.

If Yes to participate any program above, you will need to complete a 2021 W-9 form (attached) in order to be reimbursed. <u>Payments cannot be issued without a completed 2021 W-9 form.</u>

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	 Name (as shown on your income tax return). Name is required on this line; d 	do not leave this line blank.			
	2 Business name/disregarded entity name, if different from above				
n page 3.	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. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
ns o	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Tauleianp		Exempt payee code (if any)	
Print or type. See Specific Instructions on page	□ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC to is disregarded from the owner should check the appropriate box for the tax classification of its owner.		er. Do not check ner of the LLC is -member LLC that	code (if am)	
bec	Other (see instructions) >	1	Zamunotorio namo	(Applies to accounts maintained outside the U.S.)	
S	5 Address (number, street, and apt. or suite no.) See instructions.	"	sequester's name a	and address (optional)	
σ,	6 City, state, and ZIP code				
-	7 List account number(s) here (optional)				
Pari	Taxpayer Identification Number (TIN)			*	
	our TIN in the appropriate box. The TIN provided must match the nar	me given on line 1 to avoi	d Social sec	curity number	
backup	withholding. For individuals, this is generally your social security nur	mber (SSN). However, for			
	it alien, sole proprietor, or disregarded entity, see the instructions for ti is your employer identification number (EIN). If you do not have a		.	- -	
TIN, la		number, see now to get t	or		
	f the account is in more than one name, see the instructions for line 1	1. Also see What Name an	end Employer	identification number	
Numbe	r To Give the Requester for guidelines on whose number to enter.			_	
Part					
	penalties of perjury, I certify that:				
2. I am Serv	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba ice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	ckup withholding, or (b) I	have not been n	otified by the Internal Revenue	
	a U.S. citizen or other U.S. person (defined below); and				
	FATCA code(s) entered on this form (if any) indicating that I am exem	not from FATCA reporting	is correct.		
	eation instructions. You must cross out item 2 above if you have been n			ject to backup withholding because	
you har acquisi	re failed to report all interest and dividends on your tax return. For real estion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	state transactions, item 2 d tions to an individual retiren	oes not apply. Fo	or mortgage interest paid, t (IRA), and generally, payments	
Sign Here	Signature of U.S. person ►	Da	rte ►		
Ger	eral Instructions	Form 1099-DIV (divided funds)	dends, including	those from stocks or mutual	
Section references are to the Internal Revenue Code unless otherwise noted.		 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 			
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted transactions by brokers) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)		sales and certain other		
	ey were published, go to www.irs.gov/FormW9.	 Form 1099-S (proceed) 			
	ose of Form		 Form 1099-K (merchant card and third party network transactions) 		
informa	vidual or entity (Form W-9 requester) who is required to file an attion return with the IRS must obtain your correct taxpayer	1098-T (tuition)		, 1098-E (student loan interest),	
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt)			
taxpay	er identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)			
amoun	o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information include, but are not limited to, the following.	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.			
	manage, put die not minieu to, die juliuwing.	If you do not return Form W-9 to the requester with a TIN, you might			

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.

· Form 1099-INT (interest earned or paid)