



FRANKFORT FARMERS MARKET

2024 Registration

Vendor Name _____

Business Name _____

Address _____

City _____ Zip Code _____ County _____

Email _____

Website _____

Phone _____ Emergency Contact Number _____

Products _____

If you need more room to list your products, please use the back of this form.

If you are a crafter/artist new to the Frankfort Farmers Market, please send in at least three pictures of your work. We will only be allowing items that you make; **no resale items will be allowed in the market this year.**

Dates you would like to attend the market: _____

Booth Preference (1) _____ (2) _____ (3) _____

By signing below, you acknowledge that you have read and agree to abide by the Frankfort Farmers Market Regulations. In addition, you agree to comply with licensing and/or health and food regulations. Vendors are responsible for their own liability coverage and are not protected under the liability insurance of the City of Frankfort. You enter with your own insurance coverage and responsibilities, food liability and licenses.

- I have a Food License and will display it
- I have a State Sales Tax License
- I have a _____ Certificate/License

Signature _____ Date _____

Please return this form to FrankfortMichiganFarmersMarket@gmail.com or mail to the City of Frankfort, Attn: Shannon Spencley, P.O. Box 351, Frankfort, MI 49635; physical address is 412 Main Street. Please make checks payable to: City of Frankfort.

Laural Wayna - (231) 383-3039
Shannon Spencley at the City of Frankfort - (231) 352-7117 (Monday – Friday, 8:00 a.m. until 5:00 p.m.)