Old Town Emmet FARM MARKET

2026 Season Vendor Application

CONTACT INFO: Tricia Sears, Market Manager
MAILING ADDRESS: 2097 Intertown Road • Petoskey • MI 49770
PH: (231) 387-9012 • EMAIL: otefm24@gmail.com

DATES & MARKET LOCATION: Saturdays: May 30/Oct 10 •• 9AM-1PM
Friendship Center Parking Lot • 1322 Anderson Rd • Petoskey MI 49770

VENDOR TYPE: *(check best description)* ___ **Farm** ___ **Farm/Food** ___ **Farm/Craft** ___ **Food** ___ **% craft represented**

BUSINESS NAME: _____

PRIMARY CONTACT: _____

WHO WILL BE ATTENDING YOUR BOOTH: _____

PHONE #: _____ **EMAIL:** _____

WEBSITE: _____

ADDRESS: _____

CITY/ZIP: _____

    • Are you within a 30 mile radius of Petoskey? ___Yes ___ No

    • If you are not in Charlevoix, Emmet, Otsego, or Antrim county, please list your county _____

MAILING ADDRESS: *(if different than your physical address)*

_____

LIST ALL PRODUCTS RAISED, PREPARED, OR PRODUCED BY YOUR COMPANY/FARM THAT WILL BE SOLD AT OTEFM:

_____

_____

YOUR FARM GROWING PRACTICES: *(optional)* ___ Certified Organic ___ Bio-Dynamic
___ Naturally Grown/Raised (no synthetic fertilizers, pesticides, herbicides, hormones) ___ Conventionally Grown
___ Other *(please specify)* _____

WE OFFER THREE COMMITMENT LEVELS FOR FARM/FOOD VENDORS:

___ $150 (in advance) 20 wks/full season   ___ $80 (in advance) 10 wks   ___ $15 (pd weekly) per Saturday

FOR ARTISANS/CRAFTERS: ___ $15 (paid weekly) per Saturday

Please attach your payment/check with application. If not accepted, your payment will be returned.

VENDOR CONTRACTUALLY AGREES:

I _____ attest that the above information is true and in no way a misrepresentation of my market products. I agree to sell, or offer for sale at the Old Town Emmet Farm Market (OTEFM), only the items as listed in this application and that have been produced on the property described in this application. I acknowledge and take full responsibility for all activities and conduct of myself and any friends, family or help that I have hired to run my booth at the market.

Vendor signature: _____ Date: _____

*****Your application must be completed in full and accompanied by your payment and any copies/digital files
of your required licenses and/or certificates before it can be processed*****