Grand Ledge Farmer's Market

Downtown Grand Ledge, MI
Email: info@glfarm.org *PH: 517-643-1849*

Farm / Business / Non Profit Name: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____

Product List / Description:

_____

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Cetifications, if any (ie…organic):

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Vendor Fees: **Annual Fee** **$100.00**
Weekly Fee **Donation** *(10% of sales recommended)*

I, the undersigned, have read the market rules attached to the application and agree to abide by them.

Signed: _____ Vendor Name: _____

Print Name: _____ Date: _____

Annual Membership ($100.00) ☐ Weekly Fee ☐