



Oakland County Farmers Market 2025 Application



Farmer/Grower ☐ **Specialty Food** ☐ **Artisan/Crafter** ☐

Date:

Name: _____

Business Name: _____

Phone: _____ Business Phone: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

Location of Farm / Business (If different than above address)

Is your farm / business owned or leased? _____

List locations of any leased farms / businesses and who the owner(s) are. Please give owner's address and contact number.

Farmed Acreage _____ Greenhouse Sq. Ft. _____

Is your business certified organic? Yes ☐ No ☐

Would you consider yourself a full-time farmer / business owner? Yes ☐ No ☐

Preferred method to receive the Market Vendor Newsletter: Email ☐ Hard-copy mailing ☐

Preferred method of contact from the public: Phone (Home) ☐ Phone (Bus.) ☐ Email ☐ Other ☐ _____

Do you accept credit/debit card(s) at the Market? Yes ☐ No ☐

Are you interested in participating in the Food Assistance Benefits programs available? Yes ☐ No ☐

Does your business participate in any of the following social media outlets (please list your page name(s))

Type of Social Media		Please list your Facebook/X or other account name
Facebook	Yes <input type="checkbox"/> No <input type="checkbox"/>	
X	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other		

Farmer's Market Licensing / Certificates

Type	Identification Number
Sales Tax License	
Commercial Kitchen License	
Nursery Market Dealer's License	
Apiary License	
Other:	

***Copies of all applicable licenses/certificates must be provided to Market Manager to be kept on file at the Market**

Product Check List

Vegetables					
	Artichoke		Cucumbers		Peppers
	Asparagus		Eggplant		Potatoes
	Beans – Lima		Endive		Pumpkins
	Beans – Snap		Garlic		Radishes
	Beets		Kale		Rutabaga
	Broccoli		Kohlrabi		Salsify
	Brussels Sprouts		Leeks		Spinach
	Cabbage		Lettuce – Leaf		Squash - Summer
	Carrots		Mustard		Squash – Winter
	Cauliflower		Okra		Sweet Corn
	Celeriac		Onions		Sweet Potatoes
	Celery		Parsley		Swiss Chard
	Chinese Cabbage		Parsnips		Tomatoes
	Collards		Peas		Turnips
	Other:				
	Other:				
	Other:				
	Other:				
	Other:				

Fruits					
	Apples		Elderberries		Peaches
	Apricots		Gooseberries		Plums
	Blackberries		Grapes		Raspberries
	Blueberries				Strawberries
	Cherries - Sweet		Lingonberries		Watermelon
	Cherries - Tart		Muskmelon	Other:	
	Currants		Nectarines	Other:	
	Other:				
	Other:				

Other Farm Products					
	Shrubs		Grave Blankets		Pussy Willow
	Trees		Branches		Curly Willow
	Herbs		Berry Branches	Other:	
	Wreaths		Holiday Greenery	Other:	
	Other:				

Annuals					
	Aster		Globe Amaranth		Pincushion
	Bells of Ireland		Heliotrope		Salvia
	Canna		Impatiens		Snapdragons
	Coleus		Lobelia		Sunflower
	Cosmos		Marigold		Sweet Alyssum
	Dusty Miller		Mist Flower		Ten Week Stock
	Firebush		Nierembergia		Wax Begonia
	Flowering Tobacco		Periwinkle		Zinnia
	Fuchsia		Pansy	Other:	
	Geranium		Petunia	Other:	
	Other:				
	Other:				
	Other:				

Perennials					
	Anemone		Coral Bells		Milfoil
	Artemisia		Cushion Spurge		Monadra
	Aster Hybrids		Daylily		Peony
	Bergenia		Delphiniums		Phlox
	Bishop's Weed		Geranium		Plume Poppy
	Bugbane		Hostas		Primula Hybrids
	Bugleweed		Iris		Violet
	Clematis		Lavender		Windflower
	Chrysanthemum		Masterwort	Other:	
	Columbine		Meadowsweet	Other:	
	Other:				
	Other:				
	Other:				

Specialty Food & Artisan/Craft Items					
	Baked Goods		Chocolates		Knitted/Crocheted Items
	Honey		Dips		Pottery
	Jams/Jellies		Gourds	Other:	
	Maple Syrup		Jewelry	Other:	
	Other food Item (describe)				
	Other craft item (describe)				

****Completed application must be returned with proof of insurance before first scheduled Market day****

I certify that the above information is correct and accurate. I understand that if I am approved as a Vendor at the Farmers Market, then I will have to sign a separate agreement outlining the terms and conditions of the use.

Date: _____ Vendor Signature: _____

OFFICE USE ONLY

Date Received: _____ Staff Member Receiving the Application: _____

Date Contacted: _____ Date of farm visit: _____ Insurance Received: _____

License/Certification Copies Received: _____