



**WILLIAMSTON FARM & ARTISAN MARKET
2026 VENDOR APPLICATION
EVERY SUNDAY 10am – 2pm
May 10 – October 11
Williamston’s McCormick Park, Large Parking Lot
Holiday Markets: November 22 & December 13
(at an indoor venue TBA)**

Check one: New Returning Vendor

Vendor Information:

Owner Name: _____

Business Name: _____

Full Address: _____

Primary Phone: _____

Facebook: _____ Website: _____

Emergency Contact: _____ Phone: _____

Preferred Method of Contact: Phone Text e-mail Other _____

Please list all staff members working at the booth

Name	Phone	Duties

- PRODUCT CATEGORY (check all that apply):**
- | | | | | | | | | | |
|-------|------------------|-------------|------------|------|------|--------|---------|------|------|
| Fruit | Honey | Maple Syrup | Arts/Craft | Beef | Pork | Cheese | Poultry | Eggs | Lamb |
| Fish | Vegetables/Herbs | Value-add | Other | | | | | | |

Animal/Pet Food & Treats (provide copies of applicable licenses)

Prepared/Preserved Food (provide copies of applicable licenses). If selling under Michigan Cottage Food Law, items that are not properly labeled will not be allowed for sale.

Nursery Stock (provide copies of applicable license).

Licensed Food Establishment/Food Truck, (copies of current applicable licenses must be posted and visible during market hours – 10 a.m. – 2 p.m.)

VENDOR CATEGORY Must raise, prepare or manufacture at least 80% of what you sell

100% Home Grown: Raise/produce 100% of the food that I/we sell

Farmer/Broker: Raise/produce ____% of the food that I/we sell & broker ____% of the food I/we sell

100% Home Made: Prepare 100% of the food that I/we sell

Prepare Food Vendor: Prepare ____% of the food that I/we sell & broker ____% of the food that I/we sell

100% Hand Made: Manufacture 100% of the items that I/we sell

Artisans and Crafters: Manufacture ____% of the items that I/we sell or broker ____% items that I/we sell.

Other – List (or attach) products.

I/We request an exemption to the 80% self-raised/produced, sell-prepared or self-made requirement.

MARKET DATES:

If you plan to be a seasonal vendor, please check here:

If you are a daily vendor, please check here: (place a check for which days you plan to attend).

Please place a check if you plan to attend one or both Holiday Markets.

MAY 10 17 24 31 **JUNE** 7 14 21 28 **JULY** 5 12 19 26
AUGUST 2 9 16 23 30 **SEPT** 6 13 20 27 **OCT** 4 11

HOLIDAY DATES: **NOVEMBER** 22 **DECEMBER** 13 **UNKNOWN AT THIS TIME**

NUMBER OF MARKET SPACES NEEDED: _____ **NUMBER OF HOLIDAY SPACES NEEDED:** _____

2026 VENDOR FEES:

Option	1 space	2 nd space +	3 rd space +
Seasonal	\$275.00	\$230.00	\$230.00
Seasonal 2 spaces	\$505.00		
Seasonal 3 spaces	\$735.00		
Daily	\$391.00	\$391.00	
Holiday Markets (location TBA)			
November 22	\$25.00	\$25.00	
December 13	\$25.00	\$25.00	

APPLICABLE LICENSES AND PERMITS:

I, _____, hereby state that I possess and will display current licenses and/or permits that are applicable to the products that I sell and as may be required by the Ingham County Health Department and/or other regulatory authority pertaining to the region where the Sowing Growth/Williamston Farm & Artisan Market is held.

ADULT CONSENT TO PHOTOGRAPH and/or VIDEOTAPE and DISSEMINATE WITHOUT COMPENSATION:

I, _____, hereby give my consent to be photographed and/or videotaped while participating in any activity offered by **Sowing Growth** and/or **Williamston Farm & Artisan Market**. In addition, I consent to the reproduction and use of any such photographs and videotapes by **Sowing Growth** and/or **Williamston Farm & Artisan Market** for educational, public relations and promotional purposes and I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for such photographs, video tapes and use.

REQUIRED: **By signing below you acknowledge that the information in this **Vendor Application** is true and acknowledge that by submitting this application your space assignment is pending approval.

Vendor Signature

Date

*** Please sign again to acknowledge that you have read and commit to following the **2026 Vendor Rules & Requirements Manual**.

Vendor Signature

Date

REGISTRATION AND PAYMENT PROCEDURE:

Please return the completed application to: MarketManager@SowingGrowth.org or you may mail your completed application to WFAM, c/o Sowing Growth, P.O. Box 534, Williamston, MI 48895. The **EARLY BIRD DEADLINE TO SUBMIT YOUR APPLICATION IS MARCH 15, 2026** but applications can be submitted after that date. **After** you have received confirmation that your application has been approved, your balance due will be included in your acceptance letter. Your vendor fee may be paid one of three ways: by the Market's NEW online payment system Zeffy; OR by **CHECK OR MONEY ORDER** made payable to "**SOWING GROWTH**" and mailed to the above PO Box address; OR using your credit card.

Direct questions can be emailed to Market Manager Michelle Greko at: MarketManager@SowingGrowth.org or by calling her at (616)-319-1595.