



**PLAINFIELD CHARTER TOWNSHIP  
FARMERS MARKET APPLICATION**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

LIST ALL ITEMS YOU PLAN TO SELL AT THE FARMER'S MARKET:

\_\_\_\_\_  
\_\_\_\_\_

WHICH ITEMS ARE SUBJECT TO SALES TAX?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
IF APPLICABLE:

Michigan Sales Tax Number: \_\_\_\_\_

Nursery Dealer License Number: \_\_\_\_\_

Date of Health Department Inspection: \_\_\_\_\_

\*\*\*\*\*  
Payment is due with the application \$20.00 (per stall, per day) or \$200.00 (per stall, per season). Applications with payment will be accepted at the Plainfield Charter Township Treasurer's Office, 6161 Belmont Avenue NE, Belmont, MI 49306 beginning March 10 between the hours of 7:30 AM and 4:00 PM, Monday through Friday.

(OVER)

**WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT**

I understand that I am responsible for my own space, materials, insurance, and permits and shall hold harmless Plainfield Charter Township and its employees from any and all damages.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant's Name (Print) \_\_\_\_\_

For (Business name): \_\_\_\_\_

Signature \_\_\_\_\_

Please contact the Farmers Market Manager if you have any questions.

Phone: (616) 364-8466, extension 147

Email: [farmersmarket@plainfieldmi.org](mailto:farmersmarket@plainfieldmi.org)