Ventura County Certified FARMERS' MARKET

Artisan Application

Studio/Business Name:_____

Artist Name(s):_____

Mailing Address_____

City:_____ State: _____ Zip:_____ Day Phone: (___)_____

Evening Phone: (___)_____ Cell: (___)_____ Fax: (___)_____

Email:_____Website:_____

State Board of Equalization Number:_____

*****Application process requires the following:***

1) Completed Application
2) List of all products to be sold (additional page if necessary)
3) Photos of products and booth display
4) Copy of Board of Equalization Sellers Permit

Product/ Artwork Description

_____

_____

_____

_____

_____

_____

_____

_____

_____

List all venues at which you currently sell (Include Name, Date, Time, Market, and Event):

_____

_____

_____

_____

_____

_____

You will be contacted for an interview when there is an opening for your products. Upon market acceptance all artisan vendors must sign a set of VCCFMA market rules and agree to abide by these rules, cooperate with management and pay the required fees.

Print Name:_____ Authorized Signature: _____ Date:_____

Submit to: **info@vccfm.org**
(Preferred Method)

Or Mail to: Ventura Co. Certified Farmers' Markets
Attn: Artisan Application
P.O. Box 1050
Fillmore, CA 93016-1050