

ART/CRAFT APPLICATION

VENDOR INFORMATION

Date _____ NYS Sales Tax # _____
Business Name _____
Name#1 _____
Name#2 _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Have you been an IFM vendor in the past? _____ When _____
Age if under 18 ____ Length of time you've been doing this Art/Craft _____
Preferred Start Date _____

Describe the full range of your work:

Briefly describe representative samples submitted for review: PRICE

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

I attest to the truth of all of the above information. I understand that all items sold at market need to be juried. If approved for acceptance in the Ithaca Farmers' Market, I agree to abide by all market rules and regulations.

Signature: _____