

## IFM Artisan Application

### VENDOR INFORMATION

Date \_\_\_\_\_ NYS Sales Tax # \_\_\_\_\_

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

Primary Contact Name \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Age, if under 18 years \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you been an IFM vendor in the past? \_\_\_\_\_ When \_\_\_\_\_

Length of time you've been doing this Art/Craft \_\_\_\_\_

Preferred Start Date \_\_\_\_\_

### ART OR CRAFT INFORMATION

Describe the full range of your work:

**PLEASE DESCRIBE YOUR 10 SUBMITTED WORK SAMPLES ON THE FOLLOWING PAGE...**

**Briefly describe representative samples submitted for review, including the prices of each item:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

**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:** \_\_\_\_\_