

2020 FULTON STREET ARTISANS MARKET

NEW ARTISAN APPLICATION + AGREEMENT FORM



Thank you for your interest in becoming a vendor at the Fulton Street Artisans Market! Please take the time to fill out our application. Once submitted, the FSAM Director will contact you in regards to the status of your application

PRODUCT CATEGORY: (Please check at least one, more than one can apply)

BABY/CHILD BATH/BODY FIBER GARDEN ART JEWELRY
PAINTING/DRAWING PHOTOGRAPHY POTTERY/CERAMIC WOOD OTHER (please note):

VENDOR CONTACT INFORMATION

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE _____

EMAIL ADDRESS: _____

WEBSITE (if applicable): _____

WHAT WILL YOU BE SELLING (be specific): _____

VENDOR STATUS

*Please indicate which Vendor status you would like to apply for:

- | | |
|---|--|
| <input type="checkbox"/> REGULAR VENDOR | <input type="checkbox"/> SEASONAL VENDOR (CIRCLE PAYMENT OPTION)
[OPENING DAY INCLUDED] |
| <input type="checkbox"/> OPENING DAY VENDOR | FULL PAYMENT OPTION |
| <input type="checkbox"/> FOOD VENDOR (SEE ADDENDUM IN RULES) | QUARTER PAYMENTS |
| <input type="checkbox"/> VINTAGE VENDOR (SEE ADDENDUM IN RULES) | WEEKLY PAYMENTS |

ACKNOWLEDGEMENT OF AGREEMENT FORM + RULES and REGULATIONS

I hereby agree to the rules set forth by the 2020 Fulton Street Artisan Market and agree to the stated terms listed.

SIGNATURE: _____ DATE: _____

Please mail completed application, pictures of completed work and work in progress, and a self-addressed stamped envelope to:

FSAM
1145 E Fulton St
Grand Rapids, MI 49503

- * Checks should be payable to Fulton Street Farmers Market
- * Please Note: This applies to everyone applying to sell at the Sunday ART Market.
- * **Applications that are incomplete may be returned and/or not processed.**

FOR FSAM USE ONLY:

Received On: _____ Booth Assigned: _____ Check #: _____ Vendor # Assigned: _____