



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: artisans@vccfm.org
or fax (805)676-9095.

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