

COASTAL GROWERS' MARKET

P.O. Box 251, Saunderstown, RI 02874-3820 email: coastalmarket@gmail.com

2010 ARTISAN APPLICATION

Application due date: March 1, 2010

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: Daytime/Cell _____ Evening _____

EMAIL _____

NAME OF OTHERS WHO MAY SELL FOR YOU DURING THE SEASON:

The 2010 summer market runs Saturdays 9-12: May 15-October 30

The market will have three to five spaces per week available for artisans. We will alternate the accepted craft members throughout the season to make it possible for a wider variety of artisans to sell at the market, and to make your product "new" each time you come. Most artisan vendors come approximately once a month.

1. Please complete a **PRODUCT LIST** with the type of products you plan to produce and sell this season:

It is your responsibility to update the Coastal Growers Management with any changes to your product list. If in doubt, it is better to delete an item than to add it mid-season.

2. Please **list** any Saturdays that you will NOT be available May 15- October 30, or if you are only available for a few weekends, please list those instead.
3. Please, on a separate sheet, type or write legibly a **descriptive paragraph about your business** and its products--this will be published prior to season opening in May and will be used for publicity purposes.
4. Each market participant must have liability insurance (perhaps you are covered under your home owners' policy if not a business policy). **Please attach a copy of your certificate of insurance** or a copy of your insurance policy.

CONTINUED NEXT PAGE

5. Please include a **copy of your current retail sales permit**.
6. Please review the enclosed market rules: **sign and return the signature page** to acknowledge this review.

I would like to participate in the Coastal Growers Market 2010 Season. I produce these products myself. I do not buy these products and resell them. I agree to abide by the Coastal Growers Bylaws, cooperate with the market manager and the board, and pay the required fees. I agree to attend all of the markets regardless of weather.

Signature _____

Date _____

Fees to reserve my space enclosed in the amount of: _____

Required fees are: \$35.00 for each member due with application.
\$30 due at the end of each market day that you are present.

Send to : COASTAL GROWERS' MARKET
P.O. Box 251
Saunderstown, RI 02874

Questions? Email: coastalmarket@gmail.com

MAKE SURE TO HAVE ALL OF THE BELOW IN THE ENVELOPE FOR YOUR APPLICATION TO BE CONSIDERED:

- Application w/ Product List.
- Availability list for which weeks you can come to market (or if largely available, any blackout dates).
- Descriptive Paragraph of your operation for our media kit
- Copy of promotional article about your products for press release, (optional).
- Application fee (\$35.00)
- Market Rules Signature Page
- Proof of Insurance
- Copy of Retail Sales Permit
- **Please keep a copy of the application materials for your records!**