



## Arts and Crafts Registration Form 2011

Name : \_\_\_\_\_

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

Retail Sales Permit Number : \_\_\_\_\_

Address : \_\_\_\_\_

Mailing Address (if different) : \_\_\_\_\_

Phone(s) : \_\_\_\_\_

Email(s) : \_\_\_\_\_

Products : **You must notify the Market Manager before any products are added.**  
Only high quality items produced by the vendor may be sold.

\_\_\_\_\_  
\_\_\_\_\_  
**Please understand that due to space constraints, arts & craft vendors attend on alternate market days.** Dates may be switched with prior notification of Market Manager.

**Please include:** This page and copies of all applicable licenses and permits (see page 2), including proof of vehicle insurance if you drive into our market area.

I have received a copy of the LCFF/CFM *Rules and Regulations* and agree to abide by them, and understand **it is my responsibility to submit all required documents applicable**, following laws and regulations established by City, County, State, and Federal Governments.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

