Jeffersonville Farmers Market
Jeffersonville Main Street, Inc.

Application for
Arts and Craft Vendors

Market Manager Phone: 812-288-7246  Email: FarmersMarket@JeffMainStreet.org

Print or type all information clearly.
Jeffersonville Farmers Market reserves the right to accept or reject any application.

Arts and/or Craft Vendor Information
Name of primary vendor (one name only)

Name of business (if applicable)

Mailing Address

City State Zip County

Phone Mobile phone

Email

Website

Name(s) of anyone who may work at or assist in your booth

Arts & Craft Vendor Requirements
- All items to sell must be made by the vendor (unless special permission is given).
- Each art & craft applicant must submit photos of his/her work. If more than one type of art or craft product is to be sold (example, you intend to sell both quilts and scarves or paintings and photographs), please include photos. *Market staff may require more pictures, at their discretion*
- Acceptance of new vendors will be based on the quality, originality, and venue compatibility of the work. Submittal of this application does not guarantee acceptance.

Arts and Craft Product Information
Describe the products that you make and would like to sell at the farmers market:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Attach all necessary certifications and permits. It is not the responsibility of the Jeffersonville Farmers Market organizers to inform vendors what products require certificates and/or permits to be sold legally. It is the responsibility of vendors to provide market management with copies of all permits & certificates before selling any products. This includes all permits, licenses, & liability insurance.

List any items that you would like to sell at the farmers market that you DO NOT MAKE YOURSELF (if given special permission):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please list all other farmers markets where you are a vendor:

________________________________________________________________________
________________________________________________________________________

Signed ________________________________ Date: __________

There will be designated craft sampler days at the farmers market when artisans and craft vendors may set up, if approved.

*You will be notified if you are approved as a vendor at the Jeffersonville Farmers Market. This document is NOT BINDING UNTIL APPROVED BY Jeffersonville Farmers Market.

Return this application via email to: FarmersMarket@JeffMainStreet.org
OR to: Jeffersonville Main Street, P.O. Box 1474, Jeffersonville, IN 47130

Do not mark in this box. **To be completed by Jeffersonville Farmers Market.**

Date application received: __________
Application is: ☐ Approved  ☐ Not approved at this time (add to waiting list)
☐ Approved on the following conditions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

BY: ________________________________ Date: __________