2021 Fulton Street Artisans Market

Artisan Agreement Form for Returning Vendors

Attention Returning Vendors:

We must have a signed agreement on file for all returning vendors. Please fill out the form below. If you would like to be considered for a Seasonal Booth or Opening Day, please note that below, and include a check or money order, payable to Fulton Street Farmers Market, and a self-addressed stamped envelope.

Note: Only send payment and a self-addressed stamped envelope if you are applying for a Seasonal Spot or Opening Day.

Contact Information

Name: ______________________________________________________________________________

Address: _____________________________________________________________________________

City: _______________________________________ Zip Code_________________________________

Email Address: _______________________________________________________________________

FSAM Vendor Number: ____________________________

Vendor Status

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

☐ Seasonal - Please list your Seasonal Booth Preference __________________________

(Seasonal will do its best to accommodate booth preference, but can make no guarantees)

☐ Weekly Booth

(Do not send payment or SASE if not signing up for seasonal or Opening Day)

☐ Opening Day

(Note: if assigned a Seasonal Booth, you are automatically signed up for Opening Day)

Acknowledgement of Agreement Form + Rules and Regulations

I hereby agree to the rules set forth by the 2021 Fulton Street Artisan Market and agree to the stated terms listed.

Signature: ________________________________ Date: _________________

Please mail completed application, check or money order (if applying for Seasonal or Opening Day), 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.

Note: Applications that are incomplete will be returned and/or not processed.

For FSAM Use Only:

Booth Assigned: ________________________ Check # ____________________

Please provide emergency contact information below: