



Artisan # _____

Edinboro Market, Inc. Artisan Application

Please direct all questions to EdinboroMarket@gmail.com or 814-266-2993

Name(s) _____

Name/Business Name _____

Mailing address (for checks) _____

Street address (if different than above) _____

City _____ State _____ Zip _____

Phone _____

Email _____

Facebook _____

Web page _____

Please list the products you would like to sell at the market:

Edinboro Market, Inc. supports local artisans who use locally produced materials whenever possible. Where do the majority/main components of your product originate? If none of the components originate in this area in what way does the topic reflect our region's agricultural heritage?

What else should we know about you, your products, and your business practices?

Agreement: I have read and understand the Edinboro Market Artisan Guidelines. I agree to comply with the Edinboro Market Procedures and Guidelines. I affirm that all information in the application is complete and accurate. I have attached a W-9 for tax purposes. I will provide proof of \$500,000 liability insurance required by the Market.

Signed: _____

Date: _____

Financial information:

Checks should be made payable to: _____

Tax ID# or SS# _____