



**Scripps Ranch Farmers Market**

c/o Bev Cassity, Market Manager

11455 Roxboro Court

San Diego, CA 92131

Phone: (858) 586-7933 Email: SRFarmersMarket@aol.com

www.scrippsranefarmersmarket.com

**Artisan Application**

Name: \_\_\_\_\_ Current CA Resale Permit #: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (If other than Business Address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date you wish to begin: \_\_\_\_\_ Each vendor space is equivalent to a parallel parking space in length. How many spaces do you wish to \_\_\_\_\_

Will you be using any additional equipment, i.e., a generator. If so, please describe below:

\_\_\_\_\_

Describe the product(s) you would like to sell:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and agree to follow all the rules put forth by the Market.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please include-

- Copy of your Current CA ~~Seller's~~ Permit *from State Board of Equalization*
- Photos or brochures on your product(s)

Please return this application and items listed to the address above.

*Thank You!*