

Bonsall Certified Farmers Market and Open Aire Faire  
P.O. Box 1217, Bonsall, CA 92003  
Attn: Market Manager  
Website: [www.bonsallschools.org](http://www.bonsallschools.org) Email: [market@bonsallschools.org](mailto:market@bonsallschools.org)

## **Artisan Application**

**(Please use additional sheets to fill out contact information for each person attending your booth)**

Name(s): \_\_\_\_\_ Current CA Resale Permit# \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mailing Address (if other than business address)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone/Alt # \_\_\_\_\_

Fax# \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Start Date: \_\_\_\_\_ (please check one) \_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly thereafter

**\*Please note priority booth space will be given to vendors committing weekly**

Booth spaces are approximately 11' w x 12' L @ \$30. How many booth spaces will you need? \_\_\_\_\_

**Make checks payable to: Bonsall Education Foundation**

Does your product(s) require additional insurance? Y/N

Will you be using additional equipment (I.e. generator)? If yes, please describe: \_\_\_\_\_

Describe your business and the products you would like to sell **(include interesting facts-be specific):**

Would you like an enhanced listing on our website (image(s), enhanced description, product feature, etc.) Y/N  
If yes, there is a one-time set-up fee of \$25.00

I have read and agree to comply with all of the market rules (please circle) accept/decline

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

The following documents need to accompany your application:

- \* **Copy of your current CA Sellers permit from the State Board of Equalization**
- \* **Product brochures or pictures**
- \* **Copy of additional insurance policy if needed**

**Bonsall Certified Farmers Market and Open Aire Faire**  
**Additional employees contact form**

Business Name (DBA): \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

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For market management only:

Accepted by: \_\_\_\_\_

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

Application accepted/declined    Date added to waiting list: \_\_\_\_\_    Date vendor admitted \_\_\_\_\_

Enhanced website placement    Y/N    Payment schedule: Set fee: \_\_\_\_\_ -or- Pct. \_\_\_\_\_

Date paid: \_\_\_\_\_    Amount: \_\_\_\_\_    cash/check # \_\_\_\_\_