

# Fryeburg Farmers Market

Artisans Application for Membership 2025



Your Name \_\_\_\_\_

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

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Social Media \_\_\_\_\_

What Products do you sell? (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Soap          | <input type="checkbox"/> Woodwork      | <input type="checkbox"/> Jewelry                |
| <input type="checkbox"/> Balms         | <input type="checkbox"/> Stained Glass | <input type="checkbox"/> Metalwork              |
| <input type="checkbox"/> Candles       | <input type="checkbox"/> Painting      | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Knitted Goods | <input type="checkbox"/> Prints        |   |
| <input type="checkbox"/> Apparel       | <input type="checkbox"/> Sculptures    |   |

Please select days you would like to attend the market

- |                                  |                                    |                                       |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 8  | <input type="checkbox"/> July 20   | <input type="checkbox"/> August 31    |
| <input type="checkbox"/> June 15 | <input type="checkbox"/> July 27   | <input type="checkbox"/> September 7  |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> August 3  | <input type="checkbox"/> September 14 |
| <input type="checkbox"/> June 29 | <input type="checkbox"/> August 10 | <input type="checkbox"/> September 21 |
| <input type="checkbox"/> July 6  | <input type="checkbox"/> August 17 | <input type="checkbox"/> September 28 |
| <input type="checkbox"/> July 13 | <input type="checkbox"/> August 24 |                                       |

Please provide a brief description of your operations. Include primary products, scale of operations, years in production, and current market for your products. Use a separate page if necessary.

---

---

---

---

---

---

Please provide documentation of any insurance, applicable licenses, permits, and certifications with your application.

I have read the By-laws of the FFM and the FFM Market Rules and will abide by all rules for the duration of my membership.

I agree      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Market Use: Payment Rec'd _____ Date _____ Check # _____ Licenses Provided? _____
---