

Kingston Lakeside Market

Artisan Application

Date: _____

Name: _____

Email Address: _____

Farm Name: (if applicable) _____

Landline: _____ Cell: _____

Address: _____, TN Zip: _____

These items must be produced by a local seller using materials without the use of kits. Artisan Items must show dedicated investment of time and talent to complete the finished product. Any other information you would like the committee to know in regard to your items, please include with your description

Please send three images of your products to kingstonlakesidemarket@gmail.com

- ☐ Intermittent Vendor (You will contact Market Manager when you are able to attend)
- ☐ Intermittent Vendor (Market manager will contact you if space is available)

I would have products to sell during the following months:

- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August and September 2

I agree to abide by the rules and the requirements of the Kingston Lakeside Market. I understand, if I fail to comply with the rules set forth by the market, it may result in termination of my ability to continue to work as a vendor

Signature: _____ Date _____