

**KFCM VENDOR RECORD FORM:**

**Category: Artisan/Crafts**

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

Vendor: \_\_\_\_\_

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

**Type Of Artisan/Craft:** (example candles) \_\_\_\_\_

**Certificates needed:** Vendors who sell Soaps, Bath items, Beauty Products, Creams, or any item that goes on to the skin is required to have a, **Cosmetic number** & **Liability Insurance**.

Expiry Date \_\_\_\_\_ Attached to application \_\_\_\_\_

**A link for the Cosmetic number to the form is on our website to apply:**

[kelownafarmersandcraftersmarket.com](http://kelownafarmersandcraftersmarket.com).

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**List Below which products you will be selling at the market. Include tools you use, or equipment etc.**

**Describe the process you do to create your finished product. Is there a 50% + component in the making of the finish product? If so explain.**

This form must be attached to your application before you are able to attend the Market.

Please refer to the Rules of Operation for more details and information

I have read and understood the KFCMS Rules of Operation: Failure to follow the rules can cause loss of your stall at the market.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Vendor Form Complete:** \_\_\_\_\_

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