ARTISANS MARKET PETERBOROUGH (AMP)

VENDOR APPLICATION FORM

**To sell your handcrafted items in the online AMP please fill in the following application and email to** [**info@artisanscentre.ca**](mailto:info@artisanscentre.ca)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guild membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Independent :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial each line and sign below:**

**\_\_** I understand that if accepted I must be a member of the Artisans Centre Peterborough

If approved, I will send my $25.00 cheque (Annual Administration fee) made payable to Artisans Centre Peterborough, or

\_\_ I will e-transfer $25 to info@artisanscentre.ca with memo note:  **AMP Admin fee**

\_\_ I understand that a 25% commission will be taken to support the ACP.

\_\_ I understand that I am responsible for my sales items (tax, insurance etc.)

\_\_ I understand that my items will be juried for quality standards by the appropriate group and returned if necessary

\_\_ I understand the items on display will be at the discretion of the ACP.

\_\_ I will not hold the ACP responsible for any damages or items stolen while on display in the ACP.

\_\_ I will deliver my sold items to the ACP asap and notify the customer of pick up information or I will deliver the item directly to the customer.

\_\_ I will confirm completion of sale to the customer by emailing [info@artisanscentre.ca](mailto:info@artisanscentre.ca)

\_\_ Payments are every 3 months with pickup at the Artisans Centre.

\_\_ I confirm that my items are handmade by myself.

\_\_ I will follow the vendor procedures/instructions to participate in the Artisans Market Peterborough.

\_\_ I am supplying display stands labelled with my name as listed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ I would like to volunteer to help \_Yes\_\_\_\_\_­­\_(You will be contacted to see where you can help best.)\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By applying for the Artisans Market Peterborough (AMP) you agree to all the above conditions to participate.**

**Forms and cheques may be delivered to or mailed to:** Artisans Centre Peterborough, 360 George St. North, Peterborough K9J 7R8. If paying by e-transfer, forms can be emailed to [info@artisanscentre.ca](mailto:info@artisanscentre.ca).