Farmers & Crafts Market of Las Cruces, Inc.

Application Form

(PLEASE PRINT)

Make checks payable to FCMLC, Inc.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | | | | Membership Dues Paid: | | | | | |
| Vendor Name: | | | | | FCMLC Vendor#: | | | | | |
| Business Name: | | | | | Current Vendor#: | | | | | |
| Mailing Address: | | | | | | | | | | |
| City: | | | | | State: | | | | Zip: | |
| Physical Address:  **NO PO Boxes** | | | | | | | | | | |
| City: | | | | | State: | | | | Zip: | |
| Phone Number: | | | Email: | | | | | | | |
| NM County of Residence:  **CRAFTERS: DONA ANA ONLY; Others: Dona Ana, Luna, Otero, Grant, Sierra** | | | | | | | | | | |
| Physical Residence Documentation:  **EXAMPLE: Driver License, Utility Bill, Rental Lease, or Stated Other; NO PO BOX ADDRESSES** | | | | | | | | | | |
| Emergency Contact: | | | | | | Phone: | | | | |
| Primary Market Vehicle | Make | | | Model | | | | License | | |
| Number of Spaces requested (10x10) | | 1 | | 2 | | | 3 | | | 4 |
| Space size allotted | | 1 | | 2 | | | 3 | | | 4 |

**Mark the business type that best describes your business:**

|  |  |  |
| --- | --- | --- |
| Corporation | Individual | LLC |
| Non-Profit | Partnership |  |

|  |  |  |
| --- | --- | --- |
| Are you currently reporting NM CRS taxes? | Yes | No |

**Attach copies of the following documents if you intend to SELL:**

|  |  |
| --- | --- |
| Live plants: Nursery D. License # | Meat: USDA packaging |
| Prepared food: NMED permit # | Eggs: Grading |
| Bottled Water: P2 Letter |  |

**Mark the Category(ies) that best describes your business:**

|  |  |  |  |
| --- | --- | --- | --- |
| Apparel | Ag. Products | Artwork | Bath & Body |
| Ceramics/Pottery | Crafts (general) | Entertainment | Fabric Art |
| Floral/Wreaths | Jewelry | Leatherwork | Live Plants |
| Metalwork | Mind & Body Health | Photography | Prepared Food |
| Produce | Services | Woodwork | Other |
| Describe Other: | | | |

.**Product Description** **and Assembly Methods**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Vendor Product Integrity Committee Review | Reviewer’s Name | Date of Review |
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Revised 9/1/13