

**2018**  
**Downtown Artisan Market**  
**Sponsored by Tuscola Tourism & Tuscola Arts Alliance**

**Applicant Information**

Vendor/Business Name: \_\_\_\_\_

Primary Contact Person (First & Last Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Business Website/Facebook: \_\_\_\_\_

Describe the types of items that you will display at the Market:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle the dates** that you anticipate selling at the Downtown Artisan Market:

6/1                  6/15                  7/20                  8/17

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I have read the Artisan Market policies and guidelines and agree to follow them.

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

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

Please submit a copy of this signed form to:  
City of Tuscola, Attn: Artisan Market, 214 N. Main, Tuscola, IL 61953 or email it to [info@tuscola.org](mailto:info@tuscola.org)

For more information, please contact City of Tuscola by calling 217-253-2112.

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For office use only:

Date received:

Space #:

Approved: