



**2017 Letter of Intent**  
**Deadline: December 18, 2016**

All vendors, please submit this completed form. This helps us plan the logistics for the market next year. If you are (or intend to be) an Annual Vendor, please include a \$25 deposit (per booth) along with this completed form. Please make checks payable to TSAM.

**Mail to:**

The Sunday Artisan Market  
P.O. Box 7090  
Ann Arbor, MI 48107

**Or, deliver to the Market Manager.**

*Note: This form can be filled out on your computer and then printed or saved. Or print the blank form and complete by hand if you prefer (please print legibly).*

Name \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**2016 DAILY VENDORS: please answer all that apply**

In 2017, I plan

- to remain a Daily Vendor, OR
- to become an Annual Vendor, OR
- not to return

If interested in becoming an Annual Vendor, list your desired space(s) in order of preference (refer to map on website)

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

4<sup>th</sup> choice \_\_\_\_\_ 5<sup>th</sup> choice \_\_\_\_\_

Or describe your preferences (i.e. Kerrytown aisle, near the office, parking, etc.) or any special needs:

\_\_\_\_\_

\_\_\_\_\_

**2016 ANNUAL VENDORS: please answer all that apply**

My 2016 Space Number(s) \_\_\_\_\_

In 2017, I plan

- to keep my current space(s), OR
- to change my status to Daily Vendor, OR
- not to return
- I currently have two spaces, and I plan to drop to a single space next season
- I currently have one space and am interested in adding a second space for next year
- I am interested in changing my location for next year

If requesting to add or move your space(s), list your desired space(s) in order of preference (refer to map on website)

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

4<sup>th</sup> choice \_\_\_\_\_ 5<sup>th</sup> choice \_\_\_\_\_

Or describe your preferences (i.e. parking, sun vs. shade, main aisle, near the office, etc.) or any special needs:

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**ALL VENDORS:**

**If you would like to add to your product line for the 2017 Season, you are required to update your Application and submit paperwork and photos of your new product. Please see the Market Manager if you have questions about this procedure.**

*If you have questions, please call 734-913-9622 and leave a message.*

**BE SURE TO MAKE A COPY OF THIS FORM FOR YOUR RECORDS**